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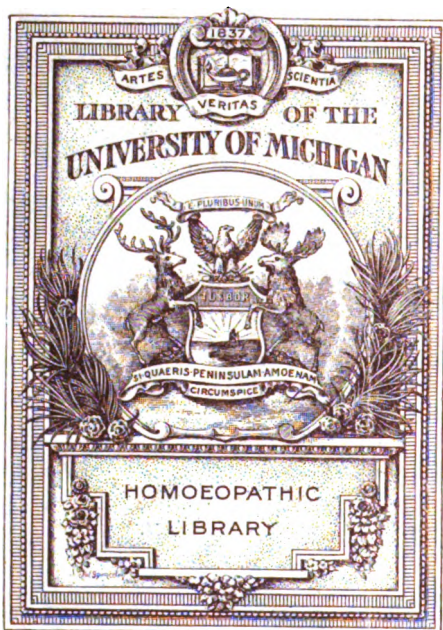




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**THE
MONTHLY HOMŒOPATHIC REVIEW.**

THE
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EDITED BY
ALFRED C. POPE, M.D.,
AND
D. DYCE BROWN, M.A., M.D.

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THE MONTHLY HOMŒOPATHIC REVIEW.

THE NEW YEAR.

ONCE more, at the commencement of the year 1906, we have the pleasure of greeting our readers, and wishing them every happiness, with prosperity individually and to the great cause of truth in medicine which we live to disseminate.

In looking back to the past year we can congratulate ourselves on steady progress in all our "spheres of influence." The reports which we print from time to time of the work done by our various hospitals and dispensaries show how excellent the work is which is done, and how conclusively it demonstrates that homœopathy is not the treatment only of the educated classes, but appeals to the working and poorer classes who come to the hospitals and dispensaries. To those to whom time is money and every day of absence from work from illness a serious question in household finances, success in treatment and rapidity of cure is essential. And were these features wanting in homœopathic treatment, there would not be the record of the thousands of in- and out-patients who increasingly every year flock to our hospitals and dispensaries. It is, in fact, one of the most convincing practical tests of the truth of the law of similars, and of the success of the practice based on it.

The Annual Congress of 1904, held in London, was a conspicuous success, under the able Presidency of DR. BURFORD. His address, which will be found in our pages, was a masterpiece of large-minded practical philosophy, which, fascinating when delivered to his audience, became still more so when read quietly at home. We regret that it has not been reprinted in a separate form, as a wide dissemination of it would have been of much value, and especially to practitioners of the old school, opening their eyes to what, in their culpable ignorance of the whole subject, they treat with disdain. The papers read were of a high order, thoroughly practical, and full of interest, while the entire proceedings of the Congress were so arranged for the one day which it occupies as to be eminently conducive to intellectual pleasure and practical benefit, mingled with social enjoyment, both of which combined to mark the Congress day as one of the red-letter days of the year. Each succeeding Congress as it comes round shows the importance of such gatherings, as distinguished from the regular meetings of societies, in promoting unity in our ranks, and developing the power of social intercourse among men who, were it not for the Congress, might hardly ever meet.

Next to the Congress, or perhaps before it, the main feature of the past year is the development and progress of the BRITISH HOMŒOPATHIC ASSOCIATION. Considering that it has been only two years in existence, the amount of work accomplished has been very satisfactory indeed, and the General Committee of Management are to be congratulated on their practical efforts. In another part of the *Review* will be found the report of the Third Annual Meeting, held, under the Presidency of the EARL CAWDOR, on Friday, the 2nd of December, at the Queen's Hall. The reports are full of interest, and point out in detail the various items of work carried out, and in progress. It is unnecessary, therefore, to repeat here in detail what is there so fully explained, but it will summarise the whole if we here reprint a paper issued by the Association before the annual meeting, and entitled, "Résumé of the work of the British Homœopathic Association during the year ending October, 1904."

"1. In October, 1903, the first election to the post of

Travelling Scholar to the Association took place. The selected candidate spent three months in the State Homœopathic Colleges of New York, Philadelphia, and Chicago; winning the highest appreciation from the professors in these institutions. He also presented a detailed report on the educational method in vogue in these establishments.

"2. In October-December an Assistant-Secretary was appointed to visit various important centres in the Provinces to develop more widely an interest in the work of the Association. Many towns were visited, and many representative ladies and gentlemen interviewed. His labour clearly showed the absolute necessity of such representative travel.

"3. From January to March, 1904, two courses of Professional Lectures on Homœopathic Materia Medica and Homœopathic Therapeutics were carried through alternately at the Association's Rooms and at the London Homœopathic Hospital. The attendance for the most part was fair. The lectures were given by gentlemen of the highest rank in the homœopathic profession.

"4. From January to July a most interesting and useful course was given in Elementary Medicine and Surgery, First Aid, Tropical Diseases and Tropical Hygiene, etc., to Foreign Missionaries and Missionary Students. This course was highly appreciated and well attended; and has attracted much attention among the friends of the missions. It is being repeated during the present session.

"5. An important literary work, entitled *The Permeation of Present-Day Medicine by Homœopathy*, has been printed and issued by the Association among members of the medical profession. It has evoked much interest, and a second edition has been called for. The book is written by one of the leading homœopathic physicians.

"6. During the summer months a full Sessional Course of Lectures and Demonstrations in the Principles and Practice of Homœopathy was given at the London Homœopathic Hospital. No effort was wanting to make the Course thorough and successful. The whole Professional Staff of the Hospital took part in the Lectures and Demonstrations, which attracted not only English medical men, but also some students from foreign countries.

"7. A most important feature has been the institution of Research Work under the auspices of the Association in

some of the recondite problems of medicine. The Researches have been and are being carried out under the direction of a medical gentleman of the highest professional attainments. Much is expected from the work which, in accordance with the direction of the Executive Committee, *is entirely free from the practice of vivisection.*

"8. During both Winter and Summer Sessions a special series of Professional Lectures were given—'Wednesday Lectures'—by medical men of eminence in this country. These lectures were of an unusually high order, were thoroughly appreciated, and fairly well attended.

"9. The Fête at the Botanic Gardens. This, the most interesting and most attractive among the events of the Association's year, was a novel and unique enterprise carried out under the auspices of the Ladies' Committee. The list of Patrons and Patronesses, many of high rank, reached nearly 200. The Fête excited great interest, was as regards its conduct brilliantly successful, and received and deserved the highest encomiums for its admirable planning.

"10. The Ladies' Committee also have undertaken a whole series of private functions for the furtherance of the work they have first taken in hand—the endowment of a Travelling Scholarship in connection with the Association. Sales of work, of flowers, etc., and private entertainments, have, in the hands of these energetic ladies, yielded a considerable revenue; fuller details are given in the Annual Report.

"11. This *résumé* would be incomplete without notice of the thousands of copies of the Annual Reports, of reprints from the Journals, and other literature circulated by the Association in Great Britain during the past twelve months."

Such a record is eminently satisfactory. It will be observed from the speeches at the meeting that the expenditure has gone beyond the income of the Association, the interest from invested funds along with the annual subscriptions not being adequate to the necessities of the propaganda. The Committee had to ask for authority to make use of part of the invested funds in order to make ends meet. This is undesirable, but for the present necessary. There is great need for an increase in annual

subscriptions in order to prevent the necessity for trenching on the invested funds. If every homœopathic practitioner were to subscribe a guinea annually, the income of the Association would be such as would permit of the work being carried on without financial anxiety on the part of the General Committee. And we would strongly urge on all our colleagues the importance to themselves individually, and to the cause of homœopathy in Great Britain, of considering this suggestion, and doing each one his best to aid the militant propaganda of the Association. One guinea annually would not be missed by any one, while the result of such united effort would be immense.

We cannot urge too strongly on each of our colleagues the fact that the more homœopathy is made known, and propagated in an active militant manner, the more each doctor individually is benefited. This seems a selfish ground of appeal, but "charity begins at home," and when a man sees that a small pecuniary subscription will be a really sound investment for himself, he is more likely to help, as far as he is able, the progress of the great cause we all have at heart. And it must be clearly stated and seen that active efforts for the advancement of homœopathy cannot be carried out successfully without money. What our friends across the water call "the almighty dollar" can work wonders when put to good use by men of energy and enthusiasm, while, on the other hand, energy and enthusiasm without money to work with is sorely handicapped. It ought to be reckoned not only a duty, but a privilege, for every one of our colleagues to be allowed to have a finger in the pie in spreading the knowledge of the great law of similars as widely as possible, knowing, as we do, that victory is certain to come by standing to our guns perseveringly. We must not be half-hearted by the slow progress that our principles seem to make in the ranks of the old-school, but rather redouble our efforts to hasten the time when they will be openly recognized as true. Progress is being made. One after another of HAHNE-MANN'S views we find are being admitted by the old school, and it is only a question of time for the whole to be authoritatively adopted. Then will be our reward. Meantime let each one who cannot, owing to his surroundings, be a lecturer, or a man suitable for original research in the bearing of science on homœopathy, aid, as far as he can, by his purse, in however a small degree, the efforts of the

others of his colleagues who do the active, tangible, and visible part of the work.

It has been urged that the work of the Association and its necessary backing by adequate funds interferes with the hospitals, in enticing away money which ought to go to them. This, we are satisfied, is a mistake. The hospitals and the Association are complementary to one another. Whatever spreads the knowledge of homœopathy directly benefits the hospitals, and those who support the hospitals; owing to their appreciation of the benefits of homœopathy, and their desire to let the poorer classes share with them its blessings, will not, we are sure, withdraw their support, while, at the same time, they endeavour to spread the knowledge of the truth by aiding the Association with money. The two so work hand in hand that the appeals of both for funds will be cheerfully responded to without detriment to either. The very fact that the Treasurer of the London Homœopathic Hospital, LORD CAWDOR, is the President of the British Homœopathic Association, and that MR. STILWELL, the Chairman of the Board of Management of the Hospital, is also Chairman of the General Committee of the Association, is a visible testimony to the correctness of our views on this point, and may ease the minds of those who are timid.

The DINNER of the Association that took place on the evening of the same day at the Whitehall Rooms of the Metropole Hotel, under the presidency of LORD CAWDOR, was in every way a great success. The dining hall is well known as one of the handsomest in London, the tables were beautifully decorated, and the viands and wine perfect, while the speeches were excellent. The noble chairman's list of donations to the funds of the Association subscribed at the dinner amounted to over £400. Other donations arrived next day, making up, after paying expenses, the handsome sum of over £600. The Association and the Committee are to be congratulated on a very successful event, and a much needed addition to their funds.

In looking back on each year we have always to record the loss by death of some esteemed colleagues whom we

sorrow much to know are no longer with us. During the past year, our very distinguished colleague DR. DUDGEON, whose name was a household word in all countries where homœopathy is "spoken," has passed away at a ripe old age, though retaining his faculties to the last. His loss is deplored as much in America as in Great Britain. Dr JOHN WILDE, of Weston-super-Mare, was removed after a long and painful illness, which ended a very useful, active, and honourable career; and DR. FREDERICK FLINT, of Scarborough, also, after a hard-working and much honoured life, while our Great Dependency of India has had to mourn the loss of one of its most distinguished sons, DR. MAHENDRA LAL SIRCAR, whom we are proud to think of as a citizen of the British Empire. The careers of these our late colleagues were sketched in our obituary notices, to which we refer our readers. Among our well known and old-established homœopathic chemists we have to record the death of MR. W. BUTCHER, of Blackheath, and MR. G. CHEVERTON, of Tunbridge Wells. We know that every year we must expect losses by death, but we regret them none the less. It is, however, satisfactory to know that every year young men of talent come forward to commence the practice of homœopathy and so fill up the blanks left in our Directory. We only wish that there was a still larger annual supply of young homœopaths. There are many excellent openings for practice, but we have not a sufficient number of young doctors to fill them. In a recent issue of our *Review* we noticed the excellent opening for an energetic and clever man at Launceston, Tasmania. Since then we have had additional information, stating that any "up-to-date" young doctor would be sure of getting an excellent practice at once. There is one homœopathic doctor there, but there is a loud call for another, as there is ample field for both.

This difficulty of getting young homœopaths to fill the numerous openings here and in the colonies is one of the *raison d'être* of the British Homœopathic Association. Its chief object, as we all know, is to teach the advanced student, or newly qualified practitioner, what homœopathy really is, to get him to study it for himself, and to teach him its practice by lectures, and by clinical instruction in the wards and out-patient rooms of the London Homœopathic Hospital. Such calls as that from Tasmania, to

say nothing of other places in Great Britain, are, or ought to be, a strong incentive to energy and work on our part in supporting the aims and projects of the Association, and in bringing before the notice of students and young practitioners the truth of our law of similars when an opportunity is afforded us.

May the year 1905 be one full of record of work, energy, and resulting fruit.

In conclusion, we have again to thank DR. BLACKLEY, for his kind co-operation and valuable help in translating for us from the continental journals articles of interest, and DR. GOLDSBROUGH for so kindly and regularly sending us reports of the British Homœopathic Society meetings. And we thank also our colleagues for their kind support and contributions to our pages.

INFINITESIMAL DOSES.

THE following appeared in the *Daily Mail* of Dec. 8th :—

“NEW VISTA IN MEDICINE.”

“All previously accepted conclusions as to the therapeutic value of metals are challenged by a communication just made to the Academy of Medicine, says the *Echo de Paris*, by M. Albert Robin.

“He declares that metals, when administered to the human subject in doses so minute as to be altogether inappreciable, exercise an influence that is almost magical and quite inexplicable by any theories hitherto known to science.

“The action of the infinitesimal atoms is apparently analogous to that of organic ferments, which, as is well known, possess some mysterious power, quite irrespective of their quantity.”

On Dec. 10th the following excellent letter from Dr. J. H. CLARKE appeared in the *Daily Mail*.

To the Editor of the “Daily Mail.”

Sir,—Under the above heading your Paris correspondent gives a very interesting account of M. Albert Robin's communication to the French Academy of Medicine.

The only criticism I have to make on it is that the facts M. Robin brings forward are not by any means "new"—indeed, they are just about a century old. The discovery that "metals, when administered to the human subject in doses so minute as to be altogether inappreciable, exercise an influence that is almost magic" was made by Hahnemann.

Hahnemann discovered the method of reducing metals to a state of infinitesimal fineness by a process of graduated trituration with sugar of milk. By using these preparations he was able to demonstrate on the healthy and on the sick just what their curative powers are.

In his *Materia Medica Pura*, which appeared early in the nineteenth century, he says in his article on gold: "Physicians by their failure to resort to the test of experiment, and by their futile theorising have denied the possession of any medicinal power whatever to many substances that are very powerful. . . . Modern physicians have pronounced gold to be quite inactive. . . . They are all wrong; gold has great, peculiar medicinal powers."

8, Bolton Street, W.

JOHN H. CLARKE, M.D.

The scorn with which infinitesimal doses are spoken of by the old school, who argue that a thing cannot be, and therefore it is not, must surely soon be a thing of the past. The scientific discoveries of recent date are continually demonstrating that inconceivably small quantities of many substances have not only an action on the human body, but a very powerful action. All the evidence that we homœopaths, from the time of Hahnemann to the present day, bring forward as to the medicinal power of infinitesimal doses, are pooh-poohed by the old school as absurd, and fit only for the waste basket. But surely such discoveries as have been recently brought to light must make honest thinking men have grave concern as to the correctness of their *a priori* prejudices, and the communication of M. ROBIN to the Paris Academy of Medicine is one of these. He has only "discovered" what has been known for a century to homœopaths. When will the old school take the common-sense view of matters, and judge that the practical experience of tens of thousands of homœopathic doctors *must* be based on the truth? Were the recorded results those of only a

few doctors, there might be some ground for ignoring these facts. But such an accumulation of evidence ought not to be ignored by those who pose as "regular" or "scientific" physicians. They assume the ridiculous position of supposing that the tens of thousands of fully qualified homœopaths are excellent, sensible men in every point but one, namely, their therapeutical beliefs and the results they obtain when practising in accordance with these beliefs. On this one point they all—these shrewd men, who are capable of sound judgment in everything else—have a slate loose! It is a melancholy exhibition of the "pride of intellect." When a man fancies that he knows everything, and laughs at those who bring forward facts new to him, simply because they don't fit in with his preconceived notions, progress is at an end. His antitype is the "regular" and "scientific" monk, who refused even to look through Galileo's telescope lest he should see for himself what he maintained was impossible.

THE RELATION BETWEEN THE PATHOGENESES OF DRUGS AND BACTERIAL ACTION.*

By C. J. WILKINSON, M.R.C.S., Etc. (Windsor).

LADIES AND GENTLEMEN,—I will begin by recalling to your memory some of the symptoms exhibited by a patient¹ of Dr. Léon Simon's, a young man of 19, who took a teaspoonful of a saturated solution of cyanide of mercury by misadventure.

The first symptoms were those of an effort on the part of the system to rid itself of the poison, and the young man "seemed to be suffering from an attack of cholérine."

On the following day, however, about twenty hours after taking the poison, he experienced difficulty in swallowing, and the pharynx looked red and arborescent. On the 3rd day the skin was hot and moist; there was headache, and vertigo on sitting up. The tongue was redder, with a grey coating at the back.

On the 5th day the mucous membrane of the mouth was

* Being a "Wednesday Lecture" delivered at the London Homœopathic Hospital on February 24, 1904.

¹ *Encyclo. of Drug Pathog.* vol. iii. p. 263.

affected, the gums were swollen and covered with a white layer, and had a violet-coloured margin; the tongue was swollen, and covered with a tenacious grey coating: the entire mucous membrane of the mouth and fauces was red and arborescent.

6th day; the general condition was the same; there was fever in the night, with sleeplessness and violent headache; the condition of mouth was somewhat worse. A white transparent layer, resembling mucous syphilitic patches, had formed on the palatine arches and tonsils; further, there was present on the inner surface of the right cheek a round ulcer with greyish base and sharply defined edges, surrounded by a bright red border.

On the 7th and 8th days the ulcer in the mouth had spread and was covered with a greyish exudation.

On the 10th day the condition of the mouth had improved. The ulcerated surface was clean and was beginning to cicatrize; gums less swollen, less red, and the white coating had disappeared from these and from the throat.

On the 12th day there was a return of the diarrhœa which had marked the early days: it was preceded by violent colic.

On the 13th day the patient passed 12 blackish, fluid, fetid stools, with violent colic. This diarrhœa continued through the 14th day and diminished on the 15th, the motions being more yellow: there was blood in one of them.

On the 16th day the diarrhœa was checked, and strength was returning; but on the 17th, the patient complained of pain in the rectum and anus when sitting. On the 19th, the note says: no more diarrhœa, but the pains in the rectum are becoming unbearable. The parts around the anus are swollen, sensitive and somewhat red; no stool, but some black blood is expelled when making the effort.

On the 20th day there were six profuse evacuations of blood. The patient is again extremely weak. The pains in the anus continue very severe. Around the anus there are small hæmorrhoidal tumours, with wart-like elevations on the mucous membrane.

By the 23rd day, the bloody passages had ceased, but not the pains. Beside the former symptoms, there was found about the anus a greyish diphtheritic coating, quite

similar to that on the inner cheeks; there were also erosions on the mucous membrane.

On the 24th day there was extension of the ulcers and of the diphtheritic coating. An ichorous discharge from the rectum diffused a characteristic smell, and left broad, blackish stains on the sheets.

A phlebitis occurred in the left leg, the ichorous discharge became less offensive and more pus-like, and, in about sixty days from the commencement, the patient was practically well.

Let us add to this, from a fatal case of poisoning under Kapeler²: "extreme feebleness, tremor, swooning and fatal syncope," and I think that you will grant that we have a picture which may pass for that of oral and anal diphtheria.

I will now pass on to put on record two involuntary and somewhat dramatic provings of the same drug which, though they attracted much attention in the United States, have not, so far as I am aware, found a place in our literature.

During the autumn of 1898, two men received by mail packets which purported to contain headache powders. The first was labelled "Bromo-seltzer," and the recipient, following the directions, administered a "heaping teaspoonful" in water to his housekeeper, who drank it, fell down and became unconscious, dying in less than an hour. Her master who took a very little had violent purging and vomiting. The symptoms were not recorded with the minutiae which we could desire. A post-mortem examination revealed cyanide of mercury equivalent to from 20 to 30 grains of mercury in the stomach of the victim. The "Bromo-Seltzer" was found to contain 41.62 per cent of cyanide of mercury, as well as the usual constituents, bromide of potash, carbonate of soda, and tartaric acid. It was stated at the inquest that in the presence of water, the tartaric acid had liberated the hydrocyanic acid from its mercury, and that the cause of death was prussic acid poisoning.

It is, however, to the case of the recipient of the other packet of powders that I would direct your special attention. "It was known that several days before his death he received a package of headache powders by mail,"³ and

² Frandin's *Traité des Poisons*.

³ *New York Herald*, Jan. 8, 1899.

that he took one or more of them. These were purported to be "Kutnow's powders,"⁴ and were afterwards proved to contain cyanide of mercury. He was seen by Dr. Douglas on November 1, who reported :—

"I examined his throat and found exudation and inflammation of the right tonsil, the adjoining parts, and the uvula. This part was covered with a membrane. His pulse was about 90, his temperature was about 99°.

"I told him that his symptoms were so mild that we could not make a positive diagnosis without examining the germs in the throat. The cultures were examined the following day, and no diphtheria was found in the cultures, but streptococci were found in large numbers."⁵

Barnett, the patient, died on November 10, rather suddenly and unexpectedly.

Dr. Douglas reported: "Mr. Barnett's case of diphtheria was not reported to the Board of Health, and when the death certificate was issued, showing that the death was due to heart failure following diphtheria, the Board of Health started proceedings against me for not reporting contagious illness.

"I believe that Mr. Barnett died of heart-failure following diphtheria, which heart-failure was brought on by undue exertion. I do not believe that any mercurial poison contributed in the least to cause his death."⁶

Certain suspicious resemblances between the two cases led to inquiry. District-Attorney Gardiner, who had the inquiry in hand, reported :—

"Dr. Douglas still insists, although there were symptoms of mercurial poisoning, that the cause of death was as stated. I am satisfied, after further inquiry, that there is good reason to believe that the physician is mistaken and that it was indeed due to mercurial poisoning."⁷

These views led to the exhumation of Barnett's body and the discovery in it of cyanide of mercury.

It is not unnatural that this account, compiled from the files of a lay paper (and an American paper at that), dealing moreover with a sensational case, should lack particulars which would be of great interest to us. But I think that such facts as the account presents are quite well established

⁴ *New York Herald*, Feb. 21, 1899.

⁵ *Ibid.* Jan. 4.

⁶ *Ibid.*

⁷ *Ibid.* Feb. 3, 1899.

and that it contains sufficient for an enquiry as to whether the physician or the lawyer was right in his surmise. Did Barnett, in fact, die of diphtheria (as maintained by Dr. Douglas), or did he die of mercurial poisoning? In other words, was the case one of diphtheria or of its *simillimum*? The answer to this question will largely depend upon the view which we take of the bacteriological examination of the culture.

On this point I will quote the opinion of Dr. F. F. Caiger, Medical Superintendent of the South-Western Fever Hospital, Stockwell, given in an address on "The Diagnosis and Management of Doubtful Cases of Diphtheria," which was delivered before the Medical Officers of Schools Association, and reported in the *Lancet* for December 26th, 1903.

Besides the recognized high authority of Dr. Caiger, there was the memory of a case of my own, which impressed me as bearing out his *dicta* with curious completeness. I saw a child with an unusually extensive membrane and every symptom which would stamp her case as one of diphtheria of some days duration. I sent a swab to the Clinical Research Association, more as a matter of routine than because I had any doubt as to the diagnosis. I saw the child at 10 o'clock one evening and found her doing well. The mother had been duly warned not to allow the child to assume an upright position. After some hours of sleep the child woke, said that she felt much better, and suddenly sat up as her mother brought her a drink. She dropped forward dead. Next morning a report arrived stating that the Klebs-Löffler bacillus was absent from the swab sent in.

To return to Dr. Caiger's address. After speaking of the relative significance of the Klebs-Löffler and Höffman bacilli, he says: "Now what value should be attached to a negative result? I have little hesitation in saying 'very little indeed, unless such result is confirmed by at least one, and preferably two, subsequent examinations, if possible on succeeding days.' . . . The fact cannot be ignored that a negative result simply means that the observer has failed to find the bacillus, not necessarily that the bacillus was not there. I can call to mind some half-dozen cases in which the clinical and post-mortem evidences were conclusive of diphtheria, yet repeated bacteriological examination by an expert observer—in three of these instances the examination was made by one

whose experience in this particular field is probably unsurpassed in this country—entirely failed to reveal the presence of the diphtheria bacillus. Three of these patients subsequently developed paralysis, and two died from cardiac failure. These instances are, doubtless, very exceptional, but I simply mention them to emphasize an ever-present fallacy, the recognition of which is not by any means so general as it should be, if one may judge from the frequency with which a single unconfirmed negative result is accepted as sufficient to disprove the presence of diphtheria.”

You will remember that in Barnett's case the negative result of the bacteriological examination was single and unconfirmed. Later in his address, Dr. Caiger says: “In the differentiation of follicular tonsillitis and faucial diphtheria some assistance can often be derived from the clinical aspect of the case, if attention be directed to the following particulars: In follicular tonsillitis, exudation, when present, occurs for the most part in spots; it is usually somewhat cheesy or friable in consistence, often limited in situation to the openings of the follicular crypts, and the spots but rarely coalesce into a definite pellicle. Even if they do, the exudation hardly ever spreads beyond the limit of the tonsil. It sometimes appears to encroach on the pharyngeal wall, but *never*, as far as I know, extends on to the palate. Actual extension of membrane on to the palate or uvula is almost distinctive of diphtheria.”

You will remember that in Barnett's case Dr. Douglas “found exudation and inflammation of the right tonsil, the adjoining parts, and the uvula. This part was covered with a membrane.” Again, “In follicular tonsillitis,” says Dr. Caiger, “it is usual for both sides to be about equally involved, whereas a diphtheritic affection is often more marked on one side than on the other.”

You will remember that in Barnett's case the affection was limited to the right side.

In the last quotation which I need make from Dr. Caiger's address, he says: “The occurrence of hoarseness, stridor or a croupy cough is very suggestive, while the advent of paralysis or cardiac disturbance at a later date is, of course, confirmatory of diphtheria.”

You will remember that in Barnett's case cardiac failure proved fatal ten days after he had come under medical observation.

If I have laboured these points to the verge of tedium, or beyond it, forgive me. I have shown that in this case every essential clinical factor for the diagnosis of diphtheria is present which (in the opinion of a highly competent authority) should collectively over-ride the failure of a single bacteriological examination to clinch and confirm them. It is essential to my purpose that I should make this very plain; and, having done so, I must ask you, gentlemen, to believe with me that the unfortunate Barnett died of a drug-induced disease; that this disease was diphtheria (no mere counterfeit presentment, in any of the possible degrees of similitude; but true, actual, definite and distinct diphtheria), and that the poison which induced it was cyanide of mercury, a poison with which, in suitable doses, many of us are accustomed in the large majority of our cases to combat this disease.

Let us now turn to the consideration of a somewhat similar matter. The following passage is from the *Lancet* of June 16, 1900: "It must have happened to many practitioners who follow Credé's teaching and introduce one or two drops of a 2 per cent solution of silver nitrate into the eyes of newly-born children to find that the application sets up a good deal of catarrhal conjunctivitis. The question as to whether the occurrence of such an inflammatory reaction is the usual result of the treatment or not has aroused a considerable amount of controversy. Professor Leopold attributes the catarrh to a faulty technique; other authorities hold that it is the usual sequel and consider it a serious drawback to the treatment. With a view to settling the question, Dr. H. Cramer has investigated the effect of a 2 per cent solution of nitrate of silver upon the eyes of 300 newly-born children.⁸ One drop of the solution is placed in each eye while the child is lying upon the back. The baby is then rolled over on to either side alternately and by the successive opening and shutting of the lids the lotion is spread all over the conjunctival sac. The eyelids and the surrounding parts are then carefully wiped dry with cotton wool. In all the cases the conjunctiva was found to react to a greater or less degree, varying from simple congestion and swelling to an acute inflammation. In 5 cases only out of 100 which were carefully observed was there no discharge, the effect being

⁸ *Centralblatt für Gynäkologie*, No. 9, 1899.

limited to some redness and swelling. In the remaining 95 cases there was an abundant discharge. In 73 cases it lasted about five days, while in 27 it continued for a longer period of time. In 11 cases a secondary infection occurred with a recrudescence of symptoms. Dr. Cramer is inclined to believe that the reaction is more marked in children who have been born after a difficult labour, or who have presented by the face. In two cases of ectropion of the upper lid the inflammation was extremely marked. The length of time the discharge lasts appears to depend upon the presence or absence of organisms in the conjunctival sac. *For the first twenty-four hours the discharge is aseptic, but after the second day it contains numerous organisms of various kinds. In all the cases of secondary infection staphylococci or streptococci were found to be present.*"

Referring to the original communication of Dr. Cramer, I do not find much to add to the abstract which I have read to you. He emphasises the fact that the staphylococcus aureus is one of the recognized causes of conjunctival catarrh, and he states that in one of his 300 cases, gonorrhoeal conjunctivitis occurred on the tenth day of life. I am not inclined to build much upon this case for the following reasons. First, that it is an isolated case. Secondly, that it occurred so late as the tenth day; the incubation period of gonorrhoeal conjunctivitis is fixed pretty absolutely at three days; the infection, therefore, probably took place from the use of a foul napkin or some similar vehicle on the seventh day. It would be unfair to predicate any special susceptibility in the matter.

But the fact remains that Credé's statistics show that among newly-born infants in his own lying-in institution, in the year 1874, the incidence of ophthalmia was 13.6 per cent. This was prior to the routine use of the instillation which bears his name. Dr. Cramer found that 11 per cent of his cases (those which underwent a secondary infection) yielded the staphylococcus aureus in seven instances, three times in pure culture, and four times in association with the albus. One of the other cases was found to be caused by streptococci. It appears, then, that 11 per cent of Cramer's cases, though found sterile during the first twenty-four hours (an advantage which precluded the ordinary method of infection by the vaginal secretions at birth), developed well authenticated ophthalmia neonatorum, as compared with Credé's 13.6 per cent

who did not enjoy that advantage. In addition to this, there was a further 84 per cent of cases which developed an abundant discharge, lasting from five days onward, according as unspecified organisms were or were not found present in the conjunctival sac.

Now if, as I think likely, you will admit that such occurrences in such proportions are unknown where the routine practice of silver instillation is not carried out, you will grant that a large proportion of Dr. Cramer's cases were instances of poison-induced microbial infection.

You will, no doubt, at the same time note that nitrate of silver has come to be regarded as a specific antiseptic to those micro-organisms which are responsible for the occurrence of this form of ophthalmia. You will remember, too, that various new organic silver salts are now being used as local applications, depending for their efficacy upon their bacteriocidal action on organisms which, together with the gonococcus, lead to a great deal of urethral trouble, both acute and chronic. I mention this because there is an interesting similarity between the susceptibility of both the conjunctiva and the urethra to the gonococcus, the same conditions, darkness, warmth, moisture, and the contact of mucus surfaces, being common to these localities.

Here, however, an objection arises to the specific nature of the action of nitrate of silver in this series of experiments; an objection so reasonable that it needs to be plainly stated and met. Can it be alleged that the local damage to the conjunctiva was the predisposing cause of the catarrh and subsequent infection? In other words, might not damage done by purely mechanical means under aseptic precautions be regarded as strictly parallel?

You will, however, remember, *per contra*, that in the first place, the strength of the dilution was only 2 per cent; and (what is much more important) that, in the second place, similar phenomena have been produced in the conjunctiva of one who has proved nitrate of silver by the mouth in still smaller doses. The following symptoms were all produced by the second decimal solution (that is, of a strength of *one* per cent), in doses apparently varying between 10 and 3 drops, taken into the general circulation from the stomach. On the morning following the first dose "Early in the morning, on waking, the eyes burn and feel dry; he had great difficulty in opening them. During

the day the affection of the eyes assumed the following form: Pressure in the eyes, as if too full; heat and pain in the ball when moving or touching it; mucous flocks, causing illusions of sight, and obliging him to wipe the eyes. In the evening, the scarlet redness, which had shown itself in the inner canthus of the right eye already in the morning, extended as far as the cornea; the conjunctiva of the ball and the lids was congested; pain in eye, as if a grain of sand were lodged in it, sticking, itching; grey dots and serpent-shaped figures were seen in the axis of vision; mist before the eyes; the candle light is not coloured, but rather enveloped in mist; winking; the aperture between the lids is diminished; agglutination of right eye during night.

"2nd day, morning, it was closed by crusts of dry mucus, causing the lids to adhere, and requiring to be washed away before the eye could be opened; when opened it was found to be redder than yesterday; the pressure and heat in the eye were more painful; the aperture between the lids smaller; photophobia. The inflammation of the eye is better in the cool and open air, but intolerable in the warm room.

"6th day: the left eye is now affected as the right was; the canthus is red as blood; swelling of caruncula lachrymalis, it stands out from the canthus like a lump of flesh; intensely red clusters of vessels extend from inner canthus to cornea; relaxation and swelling of conjunctiva; the secretion of mucus and tears increases. Vanishing of sight; is constantly obliged to wipe off the mucus which is in the axis of vision. Red swelling of conjunctiva round cornea towards inner canthus; conjunctiva of eyes and lids is blood red; itching and smarting of left eye; blar eyedness."⁹

The proving concludes with the following note: "The phenomena denoting an affection of the mucous membrane in the parts designated above—ocular and palpebral conjunctiva, nose, mouth, fauces and urethra—were the most troublesome and permanent." The similarity between the conjunctival and urethral symptoms in the proving is very striking, and in the light of the special susceptibility of the two membranes to the same forms of microbial invasion very suggestive; but that is a matter

⁹ *Encycl. of Drug Pathog.* vol. i. p. 354-356.

with which my present argument does not make it necessary that I should trouble you.

I would, however, insist upon this, that the subjective and objective symptoms of the adult prover systemically affected by the drug, *minus* the result of a bacteriological examination, are so closely similar to the subjective symptoms which the infancy of Dr. Cramer's babies prevented them from expressing, *plus* the objective symptoms which he records, that we are fully justified in assuming the identity of the two inflammations.

From the close similarity between the conditions, due to absorption by the mouth and by the conjunctiva itself, we may assume that the special susceptibility of the conjunctiva in Dr. Cramer's subjects is not due simply to the local mechanical action of an escharotic.

Having, then, dealt with this objection, we come down to this: that the action of nitrate of silver on the conjunctiva, after a period characterised by sterility as regards microbes (you will remember that for twenty-four hours the discharge was aseptic), sets up a catarrhal condition so highly favourable to microbial life, that microbes constantly accompanying ophthalmia are found in a very large percentage of the subjects of experiment; and, furthermore, that this catarrhal condition with its accompanying microbial *fauna* is one which we have been in the habit of treating with nitrate of silver both generally and locally.

I ask you, then, to join me in believing that just as cyanide of mercury set up a specific and artificial susceptibility to actual diphtheria in the case of Barnett, so did nitrate of silver set up a specific and artificial susceptibility to the action of the germs which accompany ophthalmia neonatorum in a large proportion of Dr. Cramer's subjects.

The amount of work which has been done to elucidate the invasion, action and result of bacterial infection is enormous. Some progress has been made in the investigation of immunity as conferred by previous attacks of the same or a similar bacterial disease, but our knowledge of susceptibility in the wide sense of the word remains fragmentary and vague.

I know of no general statement which better expresses our scanty knowledge of this subject than the following words of Professor Muir: "Susceptibility, as is well recognized, varies much under natural conditions, in different species, in different races of the same species, and

amongst individuals of the same race. It also varies with the period of life, young subjects being more susceptible to certain diseases, *e.g.* diphtheria, than adults. Further, there is the very important factor of *acquired* susceptibility. It has been experimentally shown that conditions such as fatigue, starvation, exposure to cold, etc., lower the general resisting powers and increase the susceptibility to bacterial infection. So also the *local* powers of resistance may be lowered locally by injury or depressed vitality. In this way conditions formerly believed to be the causes of disease are now recognized as playing their part in predisposing to the action of the true causal agent, *viz.* the bacterium."¹⁰

It is convenient to speak of pathogenetic bacteria as the cause of disease, and obviously there is a sense in which the colloquialism is true. It should, however, never be admitted as other than a colloquialism and as a partial statement of the whole truth. For, just as it is certain that the bacterium is an essential complement to susceptibility, so is it certain that without susceptibility the bacterium remains merely a potential cause of disease. The fact that we know little about susceptibility, that we have never stained it or focussed it under a microscope, does not justify us in regarding it as a negligible quantity. Each is a contributory cause, incomplete and inoperative without the other. We may, I think, speak of susceptibility as the penultimate, the bacterium as the immediate cause of a large class of diseases.

The homocentric idea of physical life, that idea which caused Francis Bacon to say:¹¹ "Man seems to be the thing in which the whole world centres, with respect to final causes . . . for all things are subservient to man, and he receives benefit and use from them all," was rudely shaken by the development of evolutionary theories; the discoveries in micro-organic life which have preceded and accompanied the antiseptic and aseptic doctrines have made that attitude toward our own position in nature quite untenable. Man, who breeds pheasants and rears them to a convenient season, who kills them and hangs them until his nose tells him that the agents of putrefactive change have brought them to a condition pleasing to his palate, recognizes that he himself is surrounded by myriads of

¹⁰ *Encyclo. Britann.* ed. x. vol. xxvi. p. 66, art. "Bacteriology."

¹¹ *Prometheus.*

enemies, none the less powerful because microscopic, all the more prevailing because the factors which give them power over him are unknown. Hamlet's words,¹² in which he describes the dead Polonius as "At supper . . . not where he eats, but where he is eaten," have a new significance for us ; for we know that we are surrounded by microbes which are watching us and testing us as to our vulnerability to their attack. For the microbe, as for the seaside crab, man's extremity is its opportunity.

Which of us has not harboured the germs of most of the infectious diseases many a time in the course of our work ? How many times from slight falls and insignificant scratches have we been unwilling and unwitting hosts to the tetanus bacillus ? These things are always around us ; they are, some of them, even *within* us, fulfilling it may be purposes far from malign, "subservient to man," until susceptibility is established and we can trace the steps of their fight in our mutual struggle for life with them.

We have but to suppose (and everything we know supports the supposition) that, as there is a specific organism for each bacterial disease, so there is a specific susceptibility to each organism, to understand how it is that the man poisoned by mercuric cyanide developed diphtheria, while the children poisoned with nitrate of silver developed ophthalmia. Everywhere, and especially in populous cities, the micro-organisms which produce these phenomena are waiting to effect a practicable lodgment. It is, then, in our ignorance of the nature of susceptibility, no small matter if we can establish the fact that there are substances capable of setting up an artificial susceptibility specific to at least some of the infectious diseases ; and the value of such a fact is greatly increased by the knowledge that these same substances are those which in certain doses are potent cures against these same diseases. I have failed in my object if I have not suggested to you that this is the outcome of the facts and deductions with which I am occupying your time. My suggestion reduced to its plainest terms is this, that the simulum of infectious diseases acts in pathogenetic doses by establishing a specific susceptibility to the micro-organisms which are pathogenetic of those diseases.

Interesting as such a suggestion is from an academic point of view, in the dry light of abstract science, I do not

¹² *Hamlet*, iv. 3.

know that I should have developed it at such length unless I had hoped (as I do) to go much further and insist upon practical issues of the greatest importance which are the logical outcome of its acceptance. Time and your patience would fail us if I were to attempt a voyage through our *materia medica*, demonstrating that some of the close similitudes between drug effects and disease symptoms at which we have wondered in the past are only the more interesting because they are not similitudes at all, but identities. By the light of this suggestion, you will find for yourself many examples of which I am ignorant; but you must seek them in the narratives of provers, not in any digest, compendium or repertory. The case of poisoning by mercury cyanide from which I read you extracts at the beginning of my lecture will serve as a sample of what you may expect to find. The finding of the Klebs-Löffler bacillus in the buccal or anal exudate is all that is wanting to complete the picture.

You will read how "Mr. Jonathan Hutchinson, and also Uhlmann and others on the continent, have shown that the continued use of arsenic in medicinal doses may produce a form of cancer which is of the epithelial variety, but presents certain peculiarities";¹³ and also how Härtling and Hesse of Schneeberg have found that the majority of cases of death among the miners in the arsenic-cobalt mines there are due to lympho-sarcoma of the lung.¹⁴ It is significant that these old-school observers deal in no talk about similitudes. They speak quite definitely of "cancer" and "lympho-sarcoma."

You will find yourself bewailing that there are no modern provings of *belladonna* which will determine whether some of the subjects of the provings and poisonings were actually attacked by scarlatina or by something so like it as to become identical if the condition of the urine had been scientifically examined. You will find yourself wishing that the Widal reaction had been discovered in time to investigate how the blood of the provers of *baptisia* behaved towards cultures of the typhoid bacillus.

You will find under '*Agaricus*' a detailed account of an attack of whooping cough which befell one of its provers, but the total absence of similar symptoms in all other

¹³ Hughes' *Principles and Practice of Homœo.* ed. 1902, p. 306.

¹⁴ *Encyclo. Drug Pathog.* vol i. p. 454.

provers will cause you to doubt wisely whether the drug had anything to do with that special complex of symptoms. You will note under *hepar sulphuris*, our impure sulphide of calcium, the effusion of inflammatory lymph susceptible to the infection of pyogenic microbes; and you will remember how, in practice, having failed to secure the absorption of such an effusion otherwise caused, by minute doses of that drug, you are offered the alternative of securing rapid suppuration by giving *hepar* in appreciable doses. You will ask yourself, and with good reason, whether in following such a practice you have not attained your object by increasing by chemical means the susceptibility of the effusion to pyogenic infection. You will see how both the local and oral exhibition of *boracic acid* and the internal exhibition of the *borates* has been followed by such different skin diseases as *impetigo figurata*, erythema and psoriasis, and you will shrewdly suspect that an overdose of these antiseptics has raised the susceptibility of the skin to the invasion of micro-organisms never far distant. *Arnica* has long been under suspicion of causing true erythema and true erysipelas. Seeing how thoroughly the latter disease has been traced to the action of micro-organisms, the deduction that the drug behaves by inviting the microbe is not a difficult one, especially by the light of Dr. Pierre Jousset's experiments,¹⁵ which prove that neither the powder of the entire plant nor its tincture have any deterrent action on the growth or infectious power of the streptococci. The action of *arnica* in curing and overcoming such infections is therefore not antiseptic; but is directly contrary in the small dose to that action by which it increases susceptibility in the large dose.

The action of excessively strong applications of *carbolic acid* in the early days of antiseptics will furnish you with much matter for thought on this subject.

Among the poisonings by *perchloride of mercury* which reached the post-mortem table, you will find several which will suggest by the peritoneal effusion which took place that the antiseptic, which (if it can be sufficiently diluted) is potent to purify the peritoneum invaded by the *bacillus coli communis*, may be one of the agents which (in larger doses) will determine the transmigration of that bacillus

¹⁵ *Revue Homœo. Française*, March, 1901.

through the intestinal wall into the sac of its serous investment. It is true that, so far as I can gather, the bacillus coli communis has never been detected in an effusion so caused, but I am equally unable to find any instance in which it has been sought there.

If rigors, coincident rise of temperature, pulse and respiration rate, dulness of a portion of the lungs, tubular breathing and crepitation, Skodaic resonance over the unaffected lobes, with post-mortem finding of solid, non-crepitating and blood-gorged lower lobes, make a good *prima facie* presumption of true lobar pneumonia, then those who hold that such pneumonia is due to the invasion of Fraenkel's diplococcus pneumonia, either pure or mixed with other micro-organisms, will join me in hoping that a bacteriological examination of a case of *phosphorus* poisoning may be forthcoming in the future.

Instances such as these you will find strewn about among our records of drug pathogenesis, unexplored, unexplained.

We are told *nihil frustra agit natura*. Why, then, should she be at pains to desert her usual rule of making the pathological punishment fit the physiological crime, of feeding the microbes (her children, just as we are) on suitable material, in order to make, unnecessarily, two things so obviously alike in their phenomena and in their objects as are the instances of bacterial and drug pathogenesis which I am recording? This apparent discrepancy from the usual course of nature disappears if we regard the similimum in drug action as preparing a suitable *nidus* for the specific bacillus, and the resulting symptoms as due to the disease itself.

And here I would like to defend myself against seeming to demand instant acquiescence to my suggestion. Nobody is more conscious than I that it needs proving, and that as a law (when proved) it will not necessarily be found of universal application.

I would like to point out, also, that such a view of the similimum as I am suggesting, when proved, will not in any way invalidate the great central doctrine of homœopathy, but the reverse. The similimum drug under this theory remains, as ever, the similimum, but it stands as the similimum to the penultimate rather than to the immediate cause. As vaccine, itself the cow-modified variola, does when inoculated after the infection of

smallpox, overtake and modify the result of infection, so does the similimum to the specific susceptibility overtake and modify the specific susceptibility, artificially baffling it, and rendering the environment of the infectious micro-organism less congenial to it. We remain, moreover, on our old vantage ground, that of treating the patient as we find him, not his disease.

This theory, once proved, far from weakening our belief in the law of similars, puts us in a position where we may boldly claim the practice of antiseptics as an instance of that law's action. For it has long been known that an excess of antiseptic leads to an unhealthy state of the wound, and ultimately to local necrosis of the tissues. Whence comes this necrosis save from bacterial invasion of tissues artificially susceptible through excessive drug action? The universal abandonment of excessive doses of local antiseptics (nay, the abandonment of all antiseptics in favour of asepticism) is a recognition that to be locally efficacious the quantity used must be less than sufficient to produce local physiological action. Thus, on my supposition, we get on our side both the choice of the drug according to the law of similars and also the determination of the dose according to our own rational and collateral law.

I pointed out some years ago¹⁶ that many of the symptoms in our materia medica, hitherto regarded as pure effects of drug action, might with justice be recognized as due to the temporarily increased or decreased capacity of drug-charged blood for carrying urates. In the same spirit I would now point out that another section of symptoms may justly be regarded as being symptoms of microbial diseases due to an increased specific susceptibility, itself the primary and direct effect of drug action.

In drawing to a conclusion, it still remains that I should redeem my promise by showing that the establishment of this relation between the actions of the drug and the specific micro-organism throws open possibilities of great practical importance. It is perhaps unreasonable, and it is certainly at present unpractical, to expect voluntary provers of drugs to push the effects of experiment so far that they induce in themselves serious infectious diseases. The high value which we set upon human life (especially

¹⁶ *Journal of the B.H.S.* April, 1896.

our own) and our obedience to the wishes of the State for healthy citizens, combine to make us shrink from what we must regard as constructive suicide. Such high motives as these, no doubt, are responsible for the dearth of modern provings. The fear of very partial self-immolation gives pause to our scientific curiosity. Fortunately, there is a way, I think, of gaining our end without going to such extremes. Professor A. E. Wright (then of Netley Hospital and now Pathologist to St. Mary's), among other work of great scientific value, has investigated the necessary dose for prophylaxis against enteric fever.¹⁷ In this relation, he has established a technique by which it is possible to estimate and compare the amount of bacillary growth in the serum of subjects before and after inoculation; and I believe that herein he has furnished us with a means for demonstrating whether some (and, if so, which) of our drugs act by setting up a specific susceptibility to the pathogenetic microbes.

Let me give an example of the sort of investigation which I would suggest. The serum of a prover would be examined, before his proving began, for its power to support the growth of the bacillus of Eberth or the Kleb's-Löffler bacillus. The result in serum taken on two or more occasions being noted, the prover would begin to take either baptisia or mercury cyanide in slowly increasing doses until it was clear by the appearance of recognized symptoms that he was well under the action of the drug. If it were found that serum now taken had an increased power of supporting the growth of either the Eberth or the Kleb's-Löffler bacillus as compared with the serum taken before the proving began, there would be a strong presumption that the effect of the drug had been to primarily increase the susceptibility of the prover to the infection of either typhoid fever or diphtheria; and that presumption would be greatly increased if it were found that serum taken after all obvious effect of the drug had disappeared exhibited a markedly decreased power of supporting the same micro-organism, as compared with the first estimation.

The success of a small series of such experiments would make it clear that there was a very definite relation of a specific nature between the drug and the disease. Such

¹⁷ *Brit. Med. Jour.*, March, 1903.

experiments would admit of repetition, and would constitute a challenge for any satisfactory explanation other than by the law of similars. But they would, I think, do more than strengthen the faith that is in us, or furnish us with an argument for holding it. They would stimulate us to investigate with a degree of precision impossible to our forefathers the correspondence between drug pathogenesis and those little understood conditions which precede the appearance of determinable disease. Am I too sanguine if I foresee the possible discovery of an effective similimum to recent tuberculosis, on the assured establishment of such a relation? May it be that we have here a clue to the "hidden treasure" which will overtake and overthrow malignancy in its early stages? Have we here the germ of a great system of preventive medicine such as was never yet known, and all under the gentle, safe and speedy reign of the law of similars? These are questions which only systematic work, such as seems impossible to isolated workers, can answer.

We are all of us in some degree possessed by a God-given discontent. The "endurance of incompleteness" irks us more and more. It is a healthy sign. It appears to me at least that it is the most valuable asset that we, as a school of therapeutic thought, possess. If we are weary of encouraging each other by muttering the mottoes of our corps, the moss growing over us while still we seem to live; if we desire to speak with those whom we would convince in a language which they can, and must, understand; it were well that we were doing something. I would suggest that the men and means of this numerous and wealthy association might be worse employed than in investigating this matter.

REVIEWS.

An Introduction to Dermatology. By NORMAN WALKER, M.D., F.R.C.P.E., Assistant Physician for Diseases of the Skin to the Royal Infirmary, Edinburgh. Third edition, revised and enlarged. Bristol: John Wright & Co., 1904.

In the preface to the first edition the author says: "This work is practically a reproduction of the lectures which for

several years I have delivered to my students. . . . It is to be noted that the title of the book is 'An Introduction to Dermatology,' and that it does not profess to be a complete system. I have described fully all the more common diseases, and less completely those rare ones which the ordinary practitioner is likely to meet with; while I have omitted, for the sake of space, those rare conditions which are mainly of interest to the specialist."

The aim thus specified is admirably carried out. The various diseases of the skin are well described, and the diagnosis of each made clear, with the causation when known, the prognosis, and treatment. The diagnosis is made simple by the aid of forty-nine full-page coloured plates, the colouring being as nearly perfect as possible, and by the addition of fifty other black and white illustrations. We can, therefore, strongly recommend Dr. Walker's work as an excellent "introduction" to any one who wishes to be *au fait* with skin diseases, and to which reference can be made in a case of doubtful diagnosis.

While we thus recommend the work, it goes, of course, without saying, that the treatment is that of the old school, though up-to-date from that point of view, and consequently it is not to be followed by homœopaths who have better methods of treatment. Still, to those homœopaths who know their *Materia Medica*, and know how to prescribe the right remedies, the book will in every other way be a valuable one to possess. We note, by the way, that the author pooh-poohs the idea of an eruption, as eczema, being "driven in" by external applications. He says, "According to Unna, a moist eczema of the head of a child may so mask the symptoms of tuberculous meningitis that the cure of the eczema appears to be followed by the development of the more serious disease." This may possibly occasionally occur, but we have seen cases where no such explanation can hold, where, in an otherwise healthy child, an extensive eczema capitis existed, was treated by a cap of zinc ointment, and was "cured" in a few days; this being immediately followed by symptoms of acute meningitis, from which the child rapidly recovered after the fortunate reappearance to its full degree of the former eczema. A sufficient number of cases of the disastrous effects of "driving in" a cutaneous eruption show that there is, *pace* Dr. Walker, a real danger in such treatment. One interesting observation he records, of which we were not aware, and for which we are obliged to him. In speaking (p. 17) of the thyroid extract treatment of psoriasis, he says: "Having observed the *remarkable desquamation* (*italics ours*) following on its use in cases of

myxœdema, it occurred to Dr. Byrom Bramwell that a trial might be made in psoriasis. Accordingly a patient of mine was admitted to his ward, and treated with brilliant success." Here is a nice bit of homœopathy. We wonder by what process of intuitive reasoning it "occurred" to Dr. Bramwell to think that such a pathogenetic symptom could be, on "orthodox" allopathic lines, an indication for treatment in psoriasis. Perhaps Drs. Bramwell and Walker would suggest that the thyroid extract acted as a "tonic" to the diseased skin!

Family Practice; or, Simple Directions in Homœopathic Domestic Medicine. Compiled from the standard medical works of Jahr, Hull, Hempel, Bryant, Hale, Hughes, etc. New edition, 16th Thousand, revised. London: E. Gould & Son, Ltd., 1904.

THERE are differences of opinion as to the value or desirability of works on "Domestic Medicine," but in the case of homœopathic medicine they are distinctly of service. With their aid many a case can be attacked successfully by their "first aid" by an intelligent mother, and so prevented developing into a more serious condition, while the doctor, when called in, finds that much valuable time has been saved, and his task made easier. This is true of illnesses even in large cities where there is ample choice of doctors, but still more in country places where there is, unfortunately, no homœopathic practitioner. Here especially the simple book on "Domestic Medicine" is a real boon. And in the case of young children, simple complaints, not serious enough to require a doctor's visit, can be thus relieved or removed.

The little work named above is an excellent sample of what such a book should be. It is simple, clear, and not overladen by a long list of medicines which only confuses the mother instead of helping her, while the first part of the book contains useful and simple directions as to general hygiene, "first aid" in emergencies, directions as to making poultices, and on the food for the sick-room. The various complaints treated of are arranged alphabetically. It is intended as a companion volume to *The Principal Uses of the Sixteen most important Homœopathic Medicines*, a little work which we recently noticed. In it the reader who wants to know something more in detail as to the general sphere of action of the medicines will find what is required. Those in the country far from a homœopathic practitioner will find these two little books well worth having at hand at all times.

The Physician's Diary and Case-Book for 1905. London :
Keene & Ashwell, Ltd.

WE have received the above, and as in former years we heartily recommend it as an essential for the consulting room. For each day there are ten lines, in which appointments can be marked down and jottings of cases taken. At the end there are 200 blank pages for further notes. The usual general, postal, and other information is inserted. Every one of our colleagues should have a copy for daily use.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session 1904-5 was held at the London Homœopathic Hospital on Thursday, Dec. 1st, 1904, Dr. James Johnstone, President, in the chair.

SPECIMENS.

The following specimens were exhibited : (1) A stomach from a case of sudden death, showing two perforating ulcers—one on the anterior surface, and one on the posterior surface (Mr. Wynne Thomas) ; (2) A glandular carcinomatous cyst of the ovary removed by operation ; recovery ; microscopic section of the same (Drs. Cavendish Molson and Edwin A. Neatby).

THE DUDGEON MEMORIAL.

A resolution was passed to raise a sum of £250 as a memorial to the late Dr. Dudgeon, part of which is to be devoted to the purchase of a portrait, and the remainder towards some object for the promotion of the principles or practice of homœopathy.

PRESIDENTIAL ADDRESS.

The President, Dr. James Johnstone, then delivered his presidential address, which had been postponed from the October meeting owing to the lamented death of Dr. Dudgeon. Dr. Johnstone, following Dr. E. A. Neatby, who a few years ago departed from the usual custom of giving an address on a general subject bearing upon the philosophy or progress of medicine, chose a special subject entitled "Abdominal Examination and Palpation during Pregnancy and Labour." The following is a synopsis of the address : After passing in review the usual method of examination for ascertaining the state and progress of labour, and indicating its advantages

and disadvantages, Dr. Johnstone pointed out that in abdominal palpation methodically and periodically conducted the obstetrician possesses a better method than that of vaginal examination. By abdominal palpation the normal features of the gravid uterus and presentations can be made out, abnormalities of the pelvis, of the abdomen, and uterus can be discovered, and the state of the uterus in relation with the pelvis can become detachable. A prognosis of the nature and progress of labour is made possible, unfavourable complications can be foreknown, and adequate prophylaxis undertaken. Examination by this method should be conducted at intervals towards the close of pregnancy and at the beginning of labour. As a general procedure this method hails from Germany and America, and has been developed particularly by two practitioners, Pinard and Leopold. In the procedure, according to Pinard, the pelvis and lower uterine segment are examined first, and the presence or absence of the head in that situation determined in its alternative positions. Then follows palpation of the fundus and sides, from which can be concluded a differentiation and recognition of the foetal parts. According to Leopold, the fundus should be examined first and the pelvis last in four stages or grips. These methods were shown by Dr. Johnstone by means of lantern slides. Accessory information may be obtained concerning anatomical points, the position of the round ligaments, uterine contractions, foetal heart sounds and movements, etc. A comparison of abdominal palpation with vaginal examination led Dr. Johnstone to a general conclusion that a combination of these methods was advisable in all cases, the former very largely relieving a necessity for the latter.

A hearty vote of thanks was accorded to Dr. Johnstone for his interesting address.

A paper was afterwards read by Dr. R. M. Le Hunte Cooper, of London, entitled "Experiences in the late South African Campaign, with special reference to Abdominal Wounds," illustrated by lantern slides. Dr. Cooper gave an extremely interesting account of his experiences as Medical Officer in charge of a field hospital. His observations were directed chiefly to the nature of the bullets used, and the modification of principle needed in the treatment of wounds caused by the small-bore bullet. Cases were cited illustrative of the applications of these principles with success under the most unfavourable conditions.

Mr. Knox Shaw congratulated Dr. Cooper on his paper and extended to him the thanks of the Society.

At the kind invitation of the President the Fellows and members then adjourned to supper at the Holborn Restaurant.

BRITISH HOMŒOPATHIC ASSOCIATION.

THIRD ANNUAL MEETING.

THE Third Annual Meeting of the British Homœopathic Association was held at the Queen's Hall, Regent Street, on Friday, the 2nd of December, 1904, at 3.30 p.m., the Right Hon. the Earl Cawdor, the President of the Association, in the chair.

Letters of regret at absence from the meeting were read by the Secretary, Mr. F. King, from the Earl of Dysart, Lady Durning-Lawrence, Sir James Henderson, Alderman Richardson, W. Willett, Esq., C. A. Russell, Esq., K.C., and others.

The minutes of last Annual Meeting were read by the Secretary, and approved.

Mr. Charles R. A. Stewart, Hon. Joint-Secretary of the Association, then read the Annual Report as follows :—

ANNUAL REPORT.

Last year's report dealt, among other things, with the initiation of various activities in the direction not only of making the aims and objects of the Association better known, and in the endeavour to bring in funds towards those ends, but also in starting Medical Education, one of the main reasons of the Association's existence. In this direction the aim has been to develop, advance, and perfect as far as possible the knowledge of those already expert, and to train and educate those students offering themselves who are yet new to the principle of medicinal action first thought out and brought into practice by Hahnemann. In the giving of the lectures the object has been, not only to impart knowledge, but to train and practice those possessing the knowledge in the art of imparting it to others, and so to create an able and experienced staff of lecturers; in this way preparing for the time when we shall have secured a charter and are financially in a position to establish a teaching school in full working order.

Professional Winter Lectures.—From January to March, 1904, two courses of professional lectures on Homœopathic Materia Medica and Homœopathic Therapeutics were carried through, lectures being given alternately at the Association's rooms and at the London Homœopathic Hospital; Dr. Clarke and Dr. Stonham being the lecturers in the one case, and Dr. Dyce Brown and Dr. Blackley in the other. The attendance was on the whole fair, considering the fact that the professional work of those who came made their regular appearance more or less difficult.

Special Summer Course.—A full sessional course of lectures and demonstrations in the Principles and Practice of Homœopathy was also given during the summer months at the Hospital. No effort was wanting to make the course thorough and successful, the whole professional staff of the Hospital taking part in the lectures and demonstrations, which attracted not only English medical men, but also some students from foreign countries. This latter fact points to the movement started by the Association as being of European as well as of British import; an accession of students from the continent would be of advantage to us as well as to them.

Special Wednesday Lectures.—A special series of professional lectures was given on Wednesdays by medical men of eminence from the provinces during the winter and summer sessions. They were thoroughly appreciated and fairly well attended, and as they are of an unusually high order it is proposed that by-and-by the Association should publish these as being of permanent value to the profession.

Medical Tutor.—Dr. Stonham was appointed Tutor for the medical year, and Dr. Searson acted as Dean during the special summer course. Both these gentlemen in their departments did excellent work.

Missionary Course.—A course in Elementary Medicine and Surgery, First Aid, Tropical Diseases and Tropical Hygiene, was instituted at the Hospital for Foreign Missionary students, and was carried on from January to July. It proved most interesting, useful, and successful, and was highly appreciated and well attended, and is being repeated in the present session. Some of these students were possessors of academic degrees. At the end of the course examinations were held, the results of which showed the teaching to have been thoroughly effective, and the session terminated with a public distribution of prizes for proficiency by Lady Hope. Dr. Neatby was secretary and organizer, and the success of the course was due very largely to his persevering and untiring endeavours.

American Travelling Scholarship.—In the educational part of the programme of the Association may also be placed the "Travelling Scholarship," the first election to which took place towards the end of last year, when Dr. Searson was the Scholar chosen. He proceeded to the United States, where he was most cordially received in the homœopathic centres of learning, and where his stay brought into prominence another interest in common, and a further bond of friendship between the two great English-speaking nations. In his stay of three months in America Dr. Searson attended a series of lectures and demonstrations at the New York, Philadelphia,

and Chicago Homœopathic Colleges. He brought back with him much valuable information, which he has embodied in a report to the General Committee, giving details of the admirable methods of teaching in vogue in the colleges and of the system on which the hospitals are run ; showing that we over here have something to learn in the way of knowing how to make hospitals in a large way self-supporting, and so save to a great extent those constant appeals to the charitably disposed, with which we are so familiar, and which are for the present so necessary.

Research Work.—A most important feature has been the institution of "Research Work" under the auspices of the Association in some of the recondite problems of medicine. The researches have been, and are being, carried out under the direction of Mr. Dudley Wright, whose professional attainments well qualify him for the post. Much is expected from this work, which at present, however, is limited in its scope by its great expense and the yet very limited funds of the Association. It is important to note that the work has been and will continue to be carried out entirely free from the practice of vivisection.

Professional Literature.—An important literary work by Dr. Dyce Brown, entitled *The Permeation of Present Day Medicine by Homœopathy*, has been printed by the Association, and 500 copies were in the first instance distributed among members of the medical profession. These first copies brought a request for more, and 1,000 are now being printed as a second edition. The Council have thought it inadvisable to incur the very great expense of sending a copy to even as many as the majority of the members of the profession. It has been thought best to discriminate in the placing of our literature and, at all events in the first instance, to bestow it on those whom we know to be the most level-headed and open-minded. These considerations have ruled likewise in the distribution of other literature with the same object, much of which has been sent out.

Of that appealing exclusively to the homœopathic community the most important has been the able article by Dr. Clarke, which appeared in the *Homœopathic World* under the heading, "Wanted £50,000," many copies of which were, with his kind permission, reprinted and sent out. In addition, thousands of copies of the Annual Reports and of other literature have been circulated in Great Britain and Ireland. And the Council are now considering the desirability of commissioning a well-known literary member of the medical profession to write an up-to-date exposition of homœopathy for free circulation among the laity, so that the claims and

successes of this science in the services of humanity may be properly represented and widely made known.

To the editors of the *Homœopathic Review* and the *Homœopathic World* our best thanks are due for their consistent and friendly advocacy of our cause. The best thanks of the Association are also due to Mr. J. M. Wyborn for the opportunities he has repeatedly placed at the services of the Association for the free circulation of its public announcements through the medium of the professional journals.

Travelling Commissioner.—With the object of making the existence and aims of the Association more widely and better known, an Assistant Secretary was appointed, and during the period from October to December visited various important centres in the provinces. His work clearly showed the absolute necessity of such representative travel, and the Council have in consequence recently appointed an agent to carry out a more ambitious programme in the coming year. Mr. Collier, it is expected, will be able to so act as to increase and widen the interest already taken in the Association throughout the country, and to lead up to the starting of local branches affiliated to the central authority, which, while looking after local needs, will contribute also to the general aims of the Association. With a popular demand for Homœopathy it will be easy to establish a school to teach it, and the profession in general will be compelled to seriously take up the subject and provide for its inclusion in the medical curriculum.

Garden Fête.—On July 7th the Ladies' Branch of the Association gave a Grand Fete in the Gardens of the Royal Botanical Society, and though dull weather and the many engagements of the season militated against a larger attendance, there were many hundreds present, and the list of patrons and patronesses numbered more than 200, including many well-known names. The Association is much indebted to Lord Calthorpe, who, in the unavoidable absence of the Earl and Countess of Cawdor, assisted by J. P. Stilwell, Esq., and Mrs. Stilwell, most kindly received the guests. Too much cannot be said in gratitude to Mr. Tilby, who joined the Fête Committee at its request, and who ungrudgingly placed at its disposal the benefit of his experience and much of his valuable time. To Mrs. Wood and to Dr. Dyce Brown, who was chairman, is due the arranging of the entertainments, which were the feature of the day. They were of a high-class order, and were carried through most successfully and to the undoubted satisfaction of those present; in fact, the day's entertainment was a brilliant success, and very considerable advantage was reaped in the way of bringing the Association

before the public. It is not possible to leave this subject without mentioning the lady members of the Committee, who were Mrs. Wood, Mrs. Stephenson, Mrs. Mews, Mrs. Thirlby, the Misses Raffles, and Mrs. Read, and thanking them for the active part they took in organizing the Fête. To the three ladies first mentioned is credited the sale of the largest number of tickets, while Mrs. Mews, in addition, contributed a substantial sum derived from the sale of flowers and sweets by herself and young lady friends. Flowers were contributed by many, and a substantial gift of chocolate came from Messrs. James Epps & Co.

The Ladies' Committee.—The Ladies' Committee, from whom came the suggestion of a Fête, have also during the past year undertaken a number of private functions and entertainments, sales of work and of flowers, with the object of raising funds for the endowment of a Scholarship for studying abroad the diseases of women and children, and so adding further to our knowledge of the treatment of these subjects. Their efforts have already succeeded in raising a considerable sum towards this object.

Finance.—The year under review has been a very busy one—so busy that there has not been time or opportunity for prosecuting an adequate appeal for further funds to the same extent as in previous years, while, on the other hand, expenses have been heavy. They have far exceeded our revenue as derived from annual subscriptions, and unless we can very considerably augment the number of our annual subscribers we shall have to reduce our expenditure and thereby to seriously curtail our activity. All those who are interested in homœopathy are urged to support it to the best of their ability by becoming subscribers to the Association. A guinea a year constitutes membership, while the still smaller sum of half a guinea (or about 10d. a month) admits to the associateship. Surely one or other of these sums is not beyond the means of a large number of those interested in and benefiting by homœopathy, who at present contribute nothing to the Association. With the annual subscription of a guinea from a tenth of those who benefit from homœopathy the Association would be placed in a position of wealth and usefulness.

In the last report it was stated that funds paid and promised had come to within a few hundred pounds of the sum which, if raised within a given time, would insure to the Association the gift from the Earl of Dysart of £2,000. In order to provide the sum of about £500 which was wanting, a special appeal was made, with the result that the following gentlemen—Drs. Dyce Brown, Byres Moir, Epps, Neatby,

Goldsbrough, Gilbert, Bennett, Burford, Johnstone, Roberson Day, Mr. Stewart, Dr. E. B. Roche—undertook each to collect or to subscribe the sum of £50 within three years' time. In this way the qualifying sum was secured; and it is with the greatest pleasure the Council record the very material assistance rendered to the Association by the advice and the financial aid of the Rt. Hon. the Earl of Dysart. His Lordship has, during the year, transmitted to the treasurer his promised contribution of £2,000 to the funds of the Association; and to further stimulate its efforts has promised an additional donation of not less than 5 per cent for every further £1,000 collected. Moreover, recognizing the very great initial expense of the active work during the past year, Lord Dysart has intimated his intention of sending to the treasurer a cheque for £100. The Council feel that the Association is enormously indebted to Lord Dysart for the invaluable aid so freely and generously given at a critical period of its fortunes. Sincere thanks are also due to many others for smaller sums willingly given which have helped to bring the total amount received to date to a satisfactory sum, the time and circumstances considered.

Further strenuous efforts are needed, and no relaxation is safe till capital enough has been raised to place the Association on a permanent basis as a going concern. Till that object is accomplished the cry must be, "Give! Give!! Give!!!" not only annual subscriptions to keep the work now going, but material sums that may be added to capital, and so in the future save the Council from constantly reminding you of ever present and pressing financial necessities.

With this object partly in view the Council have arranged a Festival Dinner to be held this evening in the Whitehall Rooms under the presidency of our distinguished chairman, and it is sincerely hoped by the Committee that the response on the part of those present may be so enthusiastic and ample as to warrant the unbroken continuation of the full activities of the Association.

In conclusion, you are reminded of the scientific, the humanitarian, and the national character of the work of the Association. It is in the interests of the good health and well-being of every inhabitant of Great Britain, and though at present we are in the shade of the minority, yet it is incumbent on each and all of us to lose no opportunity and to cry no halt until our object, the establishment of homœopathy in Great Britain, is wholly provided for.

To this end the contributions and the work of each and all are sought. It is personal influence as well as personal

aid that will make our cause great, and any help, however small, is effectual help when united to the co-operative support of others.

Finally, the best thanks of the Association are due to the auditors, Messrs. Crewdson, Youatt & Howard, for their professional services during the year.

Dr. Burford then read the Report of the Ladies' Committee as follows:—

REPORT OF THE LADIES' COMMITTEE.

In April, 1902, the Ladies' Committee undertook to endeavour to raise £1,500 within three years, anticipating no difficulty in securing members to carry through the project without unduly burdening any individual. Unfortunately, sufficient co-workers were not forthcoming to complete the scheme within this time, and a sum of £655 2s. only has been raised in cash, plus £100 promised as the total sum nears completion. Of this amount £437 has been raised by four of the nineteen ladies who have been on the Committee.

The ladies, however, feel that it is wiser to act up to their original intention of starting work in 1905, and with the permission of the General Committee (under whose authority they work) they hope to send a Travelling Scholar abroad next year to study the newest methods of treating the diseases of women and children, and to continue to send one each succeeding year.

This, involving an expenditure of £50 per annum, will of necessity retard the completion of the Endowment Fund, but at the same time it hastens the active progress of the educational work.

An Executive Committee of the Ladies' Branch of the Association will be elected to-day, and they will endeavour to get, as heretofore, subscriptions and donations for their special object. Any one who is willing to help, either by collecting small sums or giving donations or subscriptions, is invited to communicate with the Hon. Sec., Mrs. Henry Wood, who will furnish further particulars of advice and suggestion.

The special work of the Ladies' Committee has remained rather in abeyance for this past year, partly owing to the absence (through ill-health) of the Secretary, and partly owing to the Fête at the Botanic Gardens, to ensure the success of which several members of the Ladies' Committee devoted their energies from February to July. On the result of the Fête we need not here dilate: the General Committee were thoroughly satisfied with it, and with the work of the ladies in that connection.

The total amount collected by the ladies in 1904 is £192 3s., which falls slightly short of the total of 1903 (£214 1s. 6d.) and that of 1902 (£248 17s. 6d.), but which, considering it only represents half a year's work, may be counted a very creditable amount. The principal sums handed in this year are: Mrs. Clifton Brown, £30; Mrs. Thirlby, £28 10s.; Mrs. Cundy, £25; Mrs. Von Stralendorff, £20 1s. 6d.; Mrs. John Mews, £20; Lady Cawdor, £15; and Mrs. Henry Wood, £38 13s. 6d.

The most encouraging work of the year has, however, been the founding of a Northern Counties' Branch by Mrs. Von Stralendorff, who, beginning in September, has done excellent work in the North. She hopes by next annual meeting to undertake the maintenance of a scholarship and to start a second Endowment Fund; in the meantime she is helping us both by money and example. It is greatly to be hoped that other ladies will be encouraged to do similar work in various parts of the kingdom.

Mr. F. King then read the Treasurer's Report as follows:—

TREASURER'S REPORT.

The Treasurer has much pleasure in submitting the following report:—

During the past year the receipt of subscriptions and donations has fully maintained the average of the previous two years.

The Committee has been so fully occupied in carrying out the proper work of the Association that it has scarcely been able so actively to prosecute the call for funds as could have been wished, but there is no evidence whatever of any weakening of the financial interest taken in the Association's position; nevertheless, the Treasurer feels that the heavy expenses of the current year should not be continued unless the subscription list is materially increased.

Payments.—Since the date of the last annual meeting the Treasurer has received £3,740 8s. 1d., which sum includes the £2,000 promised by Lord Dysart.

Promises.—The following amounts still remain to come to hand:—

1. The balance, £1,620, of the endowment of the "Compton Burnett" professorship (£2,050).

2. The balance, £859, of the endowment of the Travelling Scholarship (£1,500) as undertaken by the Ladies' Committee.

3. Lord Dysart's special subscription of £100.

4. Mrs. Ryland's donation of £250.

5. Further, of promises of smaller sums still remaining to be received by the Treasurer; these amount to £941 18s.

The total of promises to the "Twentieth Century" Fund, not yet actually paid to the Treasurer, is £3,809 4s.

The total of promises, payments, and interest to the Association, since its commencement in May, 1902, is £10,574 3s. 4d.

Investments.—The funds invested in Trustee Stock are as follows:—

| | | £ | s. | d. | £ | s. | d. |
|--|------------|------|----|----|------|----|----|
| Cape of Good Hope, | 3 per cent | 2500 | 0 | 0 | | | |
| City of Cape Town, | 4 " | 400 | 0 | 0 | | | |
| Surrey County | 3 " | 1000 | 0 | 0 | | | |
| Croydon Corporation, | 3 " | 1000 | 0 | 0 | | | |
| | | | | | 4900 | 0 | 0 |
| Balance at the Union of London and Smith's | | | | | | | |
| Bank | | | | | 250 | 0 | 0 |

JOSEPH HOWARD, Treasurer.

Nov. 29th, 1904.

Earl Cawdor: Ladies and Gentlemen, those are all the reports we have to take this afternoon. I rise to move their adoption. There is very little to add to what has been said in the reports. They deal with what has been done in the past year. I think we may look upon them as satisfactory on the whole. We have not been in operation for very long, and there has been much that is useful done in the past twelve months. In educational matters a great deal has been done, and our thanks are due to the gentlemen who have given their labours and to the gentlemen who have given lectures. I am glad that the gentleman who went abroad as the "Travelling Scholar" has discovered how hospitals can be made self-supporting. If he will tell me how it can be done, he would relieve me of a great deal of anxiety. Our thanks are also due to the Ladies' Committee, who have been busy in many ways, as well as in dealing with the Fête, which was very useful to the Association. Speaking of questions of finance, I shall leave the matter to the Treasurer, who will deal with this presently. I need say no more now, as much must be said at the convivial meeting we are going to have this evening. I beg to move the adoption of the report.

Mr. Joseph Howard, M.P., J.P. (Treasurer): My Lord Cawdor, Ladies and Gentlemen, I rise with great pleasure to second the adoption of the report and balance-sheet. I do not think I have very much to add, but I should like to point out, as Treasurer, the satisfactory state of your finances. We have received in all, up to date, on account of the "Twentieth Century" Fund £10,574. Of that sum as much as £6,765

has been received by me in cash. Out of that we have invested, in various securities already read to you, £4,900, i.e. about £5,000. I am glad to say that the promises, which amount to £3,809 now, are being steadily carried out, and also that the cash is coming in still, and there is no sign at present of any falling-off. We are greatly indebted to Lord Dysart for his noble contribution of £2,000, and also for his generous promises for the future. All that I desire to impress on this meeting is that what we really require is a much larger number of annual subscriptions; if we do not get these we shall be obliged to curtail our expenditure and our energies to some extent. I should be sorry for that; and should like to say that the balance of cash we receive will be expended on the lines indicated in the reports you have just heard. They are very excellent reports and show that a great deal of activity has been going on since the starting of the Association two years ago. I think the General Committee and the Ladies' Committee have done exceedingly well; they have started professorships and lectureships, founded scholarships, and also a school for missionary training, and in various ways pushed forward the work in an admirable manner. Great progress has been made, which is a great stimulus to us to persevere in doing what ought to be done for the extension and development of homœopathy. I, as a layman, have no right to speak on the science of medicine, but I can testify from personal experience to the value of homœopathy, and should be very ungrateful if I did not do so; and my personal experience has led me to believe in the practice known as homœopathy. We are indebted to Dr. Dyce Brown for the admirable work he has contributed, in which he shows us how our work is levelling the prejudices of allopathic doctors in refusing to meet our doctors in consultation; and I hope the time is soon coming when this will be done away with, and all our medical practitioners meet on equal terms. I am sure we are all glad to be associated in this work, which is for the benefit of suffering humanity all the world over; and very glad also that it is carried on without inflicting sufferings upon helpless animals. (Applause.) I have great pleasure in seconding this report. I hope we shall all use our personal influence as far as we can to advocate this work, to provide funds in sufficient amount to go forward with greater confidence, and furnish our Association year after year with further funds still to carry on the work.

The report was put to the meeting and adopted.

Mr. J. P. Stilwell, J.P.: Ladies and Gentlemen, I have great pleasure in proposing the re-election of the President,

Earl Cawdor, whose services during the last twelve months have been so beneficial to our Society. Also of the Vice-Presidents—the Earl of Dysart, Lord Calthorpe, Sir George Wyatt Truscott, Col. Clifton Brown, and Capt. Cundy. These noblemen and gentlemen have been helpful, and have contributed very largely, as you have heard, to the finances of the Association, for which services our thanks are due to them. They have used that which has been suggested by our Treasurer—their personal influence and aid in making known our Association and in carrying out the objects which we have in view. There is one very interesting part of our work in the last twelve months which I think I may remark upon at the present moment. That is the work amongst students going out as missionaries. This has been most useful in spreading the knowledge of homœopathy, and has already brought about a request from Central Africa that certain remedies should be sent out there. When we consider that from the very centre of the Dark Continent light springs up, we see that our work has not been without result in the past twelve months. I have much pleasure in not only thanking the President and the Vice-Presidents, but also in proposing their re-election.

Dr. Byres Moir: My Lord, Ladies and Gentlemen, I rise with great pleasure to second the re-election of the President and Vice-Presidents. All who know the work of the Association well know what the head of it must be, and in attending the meeting and seeing the way he deals with any point which arises, know that the work goes on well with him at the head of it. The men who are Vice-Presidents for us are men of gold who will keep the Association at its best. I have much pleasure in seconding the re-election of the President and Vice-Presidents. I also ask the re-election of our Treasurer, who has been so good in managing our financial affairs and who has made a statement of them for the past twelve months. I second the proposition that the President, Vice-Presidents, and Treasurer be re-elected.

The proposition was put to the meeting and carried.

Sir George Wyatt Truscott: My Lord Cawdor, Ladies and Gentlemen, I very much regret I was not able to be present in time to hear the reports read, but I have read the *resumé* and think we may congratulate the Committee on the report for the past year. If one only glances at a few of the items set out, one can appreciate what an immense amount of labour and time is necessary for carrying out the work of the Association. It may be thought by some that the small attendance here to-day at this meeting is an evidence of want of interest in the work; but I look upon it as a vote of

confidence in the Association, because had the money placed in the hands of the Association not been well spent, I am quite certain they would have come in numbers to blame the Committee and to express their wishes as to how the money should be expended. I therefore consider that it is practically a vote of congratulation to the Committee that the numbers are small. Having made these few remarks, I think you will gather that I will propose with great pleasure the re-election of the following gentlemen who have served us on the General Committee during the past year: C. A. Russell, Esq., K.C., J. P. Stilwell, Esq., J.P., Henry Manfield, Esq., J.P., C. R. Arnott Stewart, Esq., Colonel Deane, R.A.M.C., Drs. Dyce Brown, Byres Moir, J. H. Clarke, E. A. Neatby, Washington Epps, James Searson, Dudley Wright, Esq., F.R.C.S., Drs. Spencer Cox, Roberson Day, George Burford, McNish, Madden, and Goldsbrough, with power to add to their number. I am very glad this rider has been inserted, as I am certain the existing members of the Committee will welcome any one who has an interest in the object we have in view. I propose the re-election of the present Committee, with power to add to their number.

The resolution was put to the meeting and carried.

Dr. George Burford: I have to propose that the Ladies' Committee be re-named the "Ladies' Branch of the British Homœopathic Association," and that a Central Committee of the Ladies' Branch be appointed consisting of the following ladies: The Right Hon. the Countess Cawdor, Mrs. Clifton Brown, Mrs. Cundy, Mrs. Stephenson, Mrs. John Mews, Mrs. Madden, Mrs. Thirlby, Mrs. Philip Dawson, Mrs. Torrens-Johnson, Mrs. Clarke, Mrs. Henry Wood, and Mrs. Von Stralendorff (as Secretary of the Southport Branch), with power to add to their number. The enthusiastic and ceaseless work of the ladies has added very much to the success of the Association, and the re-nomination of their section is for the purpose of giving more practical scope to their work—more effectively nationalizing it, in fact. It is very strongly felt that all ladies who have received any benefit at the hands of homœopathy owe its success in turn a certain debt; for few can appreciate the great service of homœopathy in illness more than those who watch over the sick and afflicted. So the plan of action, which has proved so useful in the hands of the few energetic ladies, may with great advantage be repeated by the kind assistance of the many. All over England it is desired to establish local centres, presided over by local secretaries who sit on the Central Committee of the Ladies' Branch. In all localities where homœopathy has given of its treasures to the com-

munity it is hoped an energetic and able local secretary will organize a Local Branch, and from time to time report progress to the Committee in London. Such hitherto has been the kind of work carried on away from Town by Mrs. Von Stralendorff (of Southport), Mrs. Philip Dawson (of Sydenham), Mrs. Edward Madden (of Bromley), and others. And this work is so enormously useful and, when distributed, so fairly easy, that the former Ladies' Committee, having enlarged their title, desire to enlarge their plan of campaign on the lines of generalized distribution of the work. And what is the work they are aiming at carrying through? It is the foundation of a Travelling Scholarship for the post-graduate study of the ailments specially affecting women and children. In these days "up-to-dateness" in knowledge of this department of medical practice is only to be gained by the enlarged experience coming from foreign study; all of us who have had this inestimable advantage are quite emphatic on this point; and it is desired that homœopathy shall not be one whit behind in the experience and knowledge which can be gained in this great department of medical life. Nor could the Ladies' Branch possibly choose a more fitting stimulus to the sympathies of all homœopathic ladies than the particular Scholarship, which appeals to the personal interests of them all. But time is required to obtain the capital sum required for endowment—£1,500; and while this is being collected valuable time is passing. So the Ladies' Committee, with a true eye to effectiveness, have asked to subtract a certain sum—some £50—from the total of their annual remittances in order to start this Scholarship at once. What is living and moving, of course, attracts the eye and the interest much more than a deferred issue, and I entirely endorse, as the Committee have done, this eminently practical suggestion of the ladies. Now how can this great object—the co-operation of every homœopathic lady in Great Britain—be attained? It is ardently desired by the Ladies' Committee that every lady interested should clearly understand that there is a place for her in the movement. First, there is a way of filling the place by an annual subscription. A guinea annually makes the subscriber a member of the Association; half a guinea annually makes the subscriber an associate. That is one effective way. A second and very important method is to make known to friends and others interested the aims and objects of the Ladies' Branch. Should opportunity not allow of more active personal work, much, very much, may be done by sympathetically bringing it before the notice of others whose practical facilities may be greater. But best of all is the

active taking on of the most effective part of the duty, and becoming, as a Local Secretary, a centre of a Local Branch, which, with no great time or trouble, may be made a focus of real value both to local homœopathic interests and to the more general ones of the Association. The good that can be achieved in this way is endless, and to one or other of these forms of activity we invite all the homœopathic ladies of the land.

Mr. Dudley Wright: My Lord, Ladies and Gentlemen, it is a very easy matter to second this resolution—the election of the Ladies' Committee, or rather "The Ladies' Branch," as they are now termed—after Dr. Burford's proposal, for he has stated so very clearly the kind of work the ladies are expecting to do, and are carrying forward so well. I think we are all aware of the value of the work the Ladies' Branch are carrying on for the Association. Especially are our thanks due to Mrs. Henry Wood for the very noble work she has done; her organizing ability and the way in which she deals with all the circumstances brought before the Committee are of very great value to us all. I am glad to say she is now attending the General Committee, and hope we shall always have the pleasure of seeing her and her colleagues with us in the future. They have managed to bring to the Association in half a year £192, and the promises they have obtained are very satisfactory for the future. I saw the other day a very interesting letter from a lady, promising to help in the work of the Association. She is getting on in years and is rather infirm. Since 1859, when her child was treated by a homœopathic doctor and cured, she has done everything in favour of homœopathy in her power, as she believes it to be correct. Although now getting on in years, and practically infirm, she writes to say she will be willing to do some work—needlework—which may bring in funds to the Association. That shows a very fine spirit, which might be copied by other ladies who feel they are unable to contribute largely to the funds of the Association. As Mr. Stewart says, even the smallest sums are effectual in helping the Association; and if we all remember that, annual subscriptions will come in. The Treasurer has told you we are spending more than our income from investments. If more help us our secured income will be in excess of our expenditure, which is what we aim at. I may remind you that all who have benefited in the past from homœopathy should help us, just as this lady has pointed out that the saving of her child by a homœopathic doctor brought her to homœopathy. I think that is the spirit in which we ought all to work for homœopathy. The ladies

have a special object in view—the Travelling Scholarship to learn about the diseases of women and children, which is a very worthy object. With all this it is easy to impress upon the ladies the desirability of helping on the Association in every way.

The resolution that the Ladies' Committee be re-named "The Ladies' Branch of the Association," and that they have power to add to their number, was put to the meeting and carried.

Dr. Dyce Brown: My Lord, Ladies and Gentlemen, the resolution I have to propose is very simple, but is of great importance. We have heard from the Treasurer what expenses there are, and that they amount to more than our secured income. We had hoped at the beginning to invest all the money paid to the Association, expecting that the income from funds and annual subscriptions would be enough to carry on the work. You have heard that the subscriptions are not as much as we should like to see. The invested funds are about £5,000, some at 3 and some at 4 per cent; that is, that the income from investments is about £150 or £200. That, as an income, is not very much—not large enough to carry on the work of the Association. The resolution which I have the honour of proposing is, That this meeting approve the discretionary power of the Committee in its use for current work of some of the funds originally intended for investment. The whole object of raising money is to carry out definite work, and the work must be done somehow. What I propose, then, is that the Committee should have discretionary power (which you may be sure they will not use unless necessary) to employ part of these funds to carry out present work which is necessary.

Dr. Neatby: My Lord, Ladies and Gentlemen, I am pleased to have an opportunity of seconding the resolution proposed by Dr. Dyce Brown. I believe it is usual in money matters for the person supporting a vote to be a disinterested party. On the contrary, I appear this afternoon as an interested person, because I have had the spending of some of the money and am anxious to have more to spend. I should like to mention some ways in which the money has been spent. Some is used by the Missionary Branch of the British Homoeopathic Association to provide out-of-pocket current expenses, in supplying models, diagrams, etc., and in defraying other outlays in connection with lecturing. Since we were last together a very definite work has been elaborated and carried on—that of educating lay Christian missionaries, i.e. lay from the medical standpoint, educating them in medical matters and in surgery. It has been found that when they

get away to isolated stations, separated by many miles, sometimes by many weeks' journey, they are not seldom in great straits, and their work may be hampered by their lack of medical knowledge. It has long been known that the missionary is looked upon as a white doctor or medicine-man or -woman, but they often know nothing about medicine at all. With that fact in view, we have endeavoured to occupy a niche, which we hope to fill well, and in course of time to give a full elementary training in medical and surgical subjects, and in all the branches with which lay men and women can possibly have to do. Our students are from different parts of the country, from different colleges and training homes. Some stay three or six months, or more; some six weeks, or even less. We give what they ask for. The Homœopathic Hospital is placed at our disposal, and all the resources of the hospital. We have courses on various diseases, for instance, diseases of the eye, diseases of the skin, tropical diseases, and other specialities. We think in all these departments we are doing a useful work which no one else is doing. It is quite true that others are carrying on teaching of an analogous kind and in an excellent manner, but we have some facilities which they do not possess. We can give hospital practice on the spot, and just the amount and kind of instruction necessary for the missionary, and can say without fear of contradiction that no other teaching can do that. We do this, but might be helped more by certain men of position if it were not partly for their inertia and partly for their inappreciation of our work. The missionary training colleges are extremely slow in realizing the importance of medical training in connection with their work. If any one here is interested in missionary work and will convey that to the missionary authorities, I shall not have spoken in vain this afternoon. It is much more important for the missionary authorities to teach medicine than to teach, say, Chinese radicals. The latter can be learned, and will have to be learned when the missionaries get to China; the former can only be acquired at home. We qualify them not only with ordinary facts of medicine and surgery, but the enormous advantage of adding thereto the knowledge of homœopathy. If there is one sphere in which homœopathy has done great service, it is in foreign countries. One advantage is that, if laymen do no good, they can do very little harm. It is possible to do an enormous amount of harm in dealing with large doses, with which it is very much easier for an untrained hand to do harm. But we can guarantee that our students will do no harm to their patients or to their own colleagues. During

the last session we have had the great privilege of training, more or less completely, twenty-four students. This was our first public session, which lasted only six months, and far surpassed our expectations. There are already quite a large proportion of these students in foreign countries. We are not proposing to sing

" From Greenland's icy mountains,
From India's coral strand "

here this afternoon, but we should be quite justified in doing so. We have one missionary amid the ice and darkness of the far north Norway, and at least one has already been for some weeks at work in the northern parts of India, and others are on their way to that country, of whom one is the representative of Friends and another of the Church of England. But this is not the limit of those we are able to mention to-day. Not only are we represented in Norway and India, but there are several men and women who have gone out to China. At least half-a-dozen are in London studying the language preparatory to going out. We are also sending them to Peru and other places. They are mostly educated men and women, some highly educated. They are carrying your deeds of charity right into the heart of heathendom; they are carrying not only mercy and truth, but a scientific knowledge of the healing art of humanity into the dark places of cruelty; they are seeking to heal the sick as well as to preach the gospel. Some are very well fitted for the work which you have personally enabled them to do. If you have no other sense of satisfaction, you will carry away a feeling that you are really doing a work of necessity and mercy such as few have the opportunity of doing. How can you help in this matter still further? In the first place, I need not lay emphasis on the necessity of subscribing, but the essence of all appeal is that it should be a direct one.

If you will ear-mark your contributions, they will go to any branch you prefer—to develop the teaching scheme or to institute a free lecture. Last session we gave, through the kindness of a friend, a course of free lectures in dentistry. The room was practically crowded out by missionary students, who are now mostly in foreign countries or on their way there. I think I may say practical dentistry, for, although the students did not have the opportunity of extracting teeth, they did have demonstration work on a "dummy." For five guineas another free course of the kind can be given. We do not propose to do this except for a special donation. As to the giving of prizes, we have found it a great encouragement to give the students prizes of medical books and medical

instruments. It is an incentive to them to take notes and take an interest in their lectures. If any one is interested in a special individual and will pay that student's fees, that will be a great help to the work of the Association too. You can help also by telling your friends. In our first session we advertised freely, now we feel that this course of training will be best made known by personal intimation. If you have friends and acquaintances who are missionary students, let them know what our facilities are; and get missionaries to come to us after having been in foreign countries. Many of our students have already been abroad. We have now one lady who has been in India; she is able to tell us the kind of help she will want when she goes back to her sphere of work again. I have, therefore, very much pleasure in seconding this proposal made by Dr. Dyce Brown.

The proposal was put to the meeting and carried.

Dr. Clarke: Ladies and Gentlemen, the remarks I have to make I am sure you will receive with acclamation. It is a vote of thanks to his Lordship. I will not take up your time or his Lordship's with any attempt to go into the help he has given to the Association; we all know and we all appreciate it very highly. I ask you to pass this vote of thanks by acclamation.

The motion was carried unanimously.

The Chairman: I am very much obliged for the vote of thanks. I am afraid I have not done much for the Homoeopathic Association. I am very glad to know what has been done. I think we should be very grateful to Dr. Neatby for the remarks he has made on the work which has been done, which seems to be producing a very valuable effect.

This closed the proceedings.

THE DINNER.

As we mention in our leader, a Festival Dinner was held on the same evening as the Annual Meeting, namely, Friday, the 2nd of December, at the Whitehall Rooms of the Metropole Hotel, under the presidency of the Right Hon. the Earl Cawdor. By an unfortunate mistake on the part of the reporter we have no detailed report of the proceedings, which we much regret.

The result pecuniarily was, however, as we stated, a great success, the donations and subscriptions amounting to £696. The expenses of the dinner will, of course, have to be deducted from this sum, but the nett gain to the funds of the Association will be over £600. The speeches were excellent, the proceedings were much enlivened by the songs of Mr. Farkoa, the well-known entertainer, and the evening was

in all respects a very successful and enjoyable one. The speakers included Lord Cawdor (the Chairman), Sir George Truscott, Mr. J. P. Stilwell (Chairman of the Board of Management of the Hospital), Col. Clifton Brown, Mr. Wood, Mr. Martin Tilby, and Dr. Dyce Brown, in the absence from illness of Mr. Perks, M.P. The following is the list of donations and subscriptions given on this occasion:—

| | £ | s. | d. |
|---|-----|----|----|
| Mrs. Rylands (second part of donation on completion of sum of £10,000) .. | 250 | 0 | 0 |
| The Rt. Hon. the Earl of Dysart .. | 100 | 0 | 0 |
| The Rt. Hon. the Earl Cawdor .. | 50 | 0 | 0 |
| Dr. and Mrs. J. T. Ashton .. | 52 | 10 | 0 |
| Col. James Clifton Brown .. | 25 | 0 | 0 |
| W. Melville Wills, Esq. .. | 25 | 0 | 0 |
| Sir George Wyatt Truscott .. | 21 | 0 | 0 |
| Lady Durning-Lawrence .. | 10 | 10 | 0 |
| Dr. S. Gilbert (annual subscription £1 ls. ; toward sum of £50) .. | 11 | 11 | 0 |
| Dr. E. A. Neatby (to complete sum of £50) .. | 10 | 0 | 0 |
| Dr. Roche (to complete sum of £30) .. | 10 | 0 | 0 |
| T. J. Barratt, Esq. (per Dr. Dyce Brown) .. | 10 | 10 | 0 |
| R. W. Perks, M.P. .. | 10 | 10 | 0 |
| C. W. A. Stewart, Esq. (toward sum of £50 promised within three years) .. | 12 | 2 | 0 |
| Dr. E. J. Hawkes .. | 5 | 5 | 0 |
| Fred Ames, Esq. .. | 5 | 0 | 0 |
| Dr. J. H. Clarke .. | 5 | 5 | 0 |
| Dr. Dyce Brown (toward second donation of £50) .. | 5 | 5 | 0 |
| Dr. Byres Moir (toward sum of £50 promised within three years) .. | 5 | 0 | 0 |
| Mrs. Martin Barrow .. | 5 | 0 | 0 |
| Dr. and Mrs. Alfred Powell .. | 4 | 4 | 0 |
| A. Marshall Jay, Esq. .. | 3 | 3 | 0 |
| Dr. Geo. Burford .. | 3 | 3 | 0 |
| J. P. Stilwell, Esq., J.P. .. | 3 | 3 | 0 |
| Dr. Renner .. | 3 | 3 | 0 |
| H. J. Kluht, Esq. .. | 3 | 3 | 0 |
| Dudley Wright, Esq., F.R.C.S. .. | 3 | 3 | 0 |
| Dr. Pullar .. | 3 | 3 | 0 |
| Dr. H. Nankivell .. | 2 | 2 | 0 |
| Dr. A. S. Alexander.. | 2 | 2 | 0 |
| C. A. Kelly, Esq. .. | 2 | 2 | 0 |
| H. Dent, Esq. .. | 2 | 2 | 0 |
| T. Martin Tilby, Esq. (annual subscription) .. | 2 | 2 | 0 |

| | £ | s. | d. |
|--|------|----|----|
| Dr. A. A. Beale | 2 | 2 | 0 |
| E. H. Thirlby, Esq. ... | 2 | 2 | 0 |
| Dr. Jas. Searson | 2 | 2 | 0 |
| J. Dunbar Heath, Esq. (annual sub- scription) | 2 | 2 | 0 |
| Dr. MacNish (annual subscription) .. | 2 | 2 | 0 |
| H. T. Wood, Esq. | 2 | 2 | 0 |
| Murray Davis, Esq. | 2 | 2 | 0 |
| Lady Stewart | 1 | 1 | 0 |
| Joshua Alder, Esq. | 1 | 1 | 0 |
| Dr. T. E. Purdom | 1 | 1 | 0 |
| W. R. Smith, Esq. | 1 | 1 | 0 |
| D. H. Evans, Esq. | 1 | 1 | 0 |
| E. H. Laurie, Esq. | 1 | 1 | 0 |
| Colonel Ditmas | 1 | 1 | 0 |
| Mrs. Stilwell | 1 | 1 | 0 |
| The Misses Raffles (annual subscription) | 1 | 1 | 0 |
| Lieut.-Col. Deane | 1 | 1 | 0 |
| Mrs. Spencer Cox | 1 | 1 | 0 |
| Dr. Spencer Cox | 1 | 1 | 0 |
| Mrs. Dunlop (annual subscription) .. | 1 | 1 | 0 |
| Mrs. Dunbar Heath (annual subscription) | 0 | 10 | 6 |
| Miss Morris | 0 | 10 | 0 |
| Dr. Allen Duke | 1 | 0 | 0 |
| Total | £696 | 10 | 6 |

NOTABILIA.

DR. A. C. CLIFTON.

WE learn that our much beloved colleague, Dr. A. C. Clifton, of Northampton, entered his eightieth year on the 22nd of December. We congratulate him heartily, and trust he may be spared to see many more years, with better health than has lately been his lot. He has, we regret to hear, been laid up with broncho-pneumonia for a protracted period of time. Now, however, he is able to leave his room, and we trust he will steadily regain his strength.

THE BERLIN HOMŒOPATHIC HOSPITAL.

ON the 19th of November the first Homœopathic Hospital in Germany was opened in Gross-Lichterfeld. The *Lokal Anzeiger* gives the following account of the opening festivities:—

“The dedication of the Berlin Homœopathic Hospital

in Gross-Lichterfeld took place to-day (Saturday) in presence of a very numerous assemblage, especially of physicians and members of the various German homœopathic societies. Amongst the invited guests we noticed Countess Waldersee (who, like her late husband, is a devoted adherent of homœopathy), the Countesses Eulenburg and Brühl (maids of honour), Countess Shlieffert, Count Zieten, and Chamberlain and Privy-Councillor Count Bernstorff. As the new hospital possesses no very large hall, the available room was soon overcrowded, and the guests were obliged to stand about in the corridors and on the stairs. After the singing of an opening hymn, Pastor Stolte delivered an earnest and deeply-touching address, concluding with a peroration in which he dedicated the hospital to be an asylum of mercy, a haven of medical skill, a workshop wherein all the medical sciences would be equally prized, and, lastly, to be a nursery of Christian love for one's neighbour in the sense spoken of in the 10th chapter and 33rd and 34th verses of the Gospel according to St. Luke, beginning, "But a certain Samaritan as he journeyed," etc. On behalf of the governing body of the hospital, who had been enabled to bring their task of building to a happy conclusion by means of the Wiesecke Fund, Dr. Windelband (court-physician) thanked all benefactors and friends. The institution was the first thoroughly 'up-to-date' homœopathic hospital in Germany. The science taught and practised therein was entitled to be considered as one of the many medical sciences, and desired nothing better than free investigation for the benefit of suffering humanity. The Physician-in-ordinary, Dr. Victor Schwarz, with the help of the nurses, then conducted the guests through the neat and comfortable wards, etc. All participators returned home highly satisfied with what they had seen, and with the earnest hope that the much-needed hospital might have a long and prosperous career before it.

"In the evening a festival dinner took place, at which about 250 persons assisted. Cellar and kitchen did their best, and the meal was interspersed with many and thoughtful speeches, amongst which may be mentioned the following: Hof-rath Dr. Windelband, in the absence of Count Cörtlz-Schelit, who was prevented from being present, proposed the toast of 'His Majesty the Kaiser.' Dr. Zwingenberg, in amplification of what had been said by Dr. Windelband at the opening ceremony, devoted a highly interesting speech to answering the following questions: (1) Why does the present age demand the building of hospitals? (2) Why does homœopathy require one? (3) How should our hospital

be conducted? (4) How stands it with the satisfaction of the religious needs of the patients in the same? Loud applause greeted the speech.

"Dr. Schwarz spoke of the results of the morning's inspection of the new hospital, and instanced several things that were still desirable for the same, begging for generous help. He then thanked the trustees of the Wiesecke Fund, the Wiesecke family itself, the Governors of the Berlin Homœopathic Hospital, and the Council of the Berlin Homœopathic Society. Capital and labour had been literally united, and unity had been brought about by the renunciation of all mere personal wishes.

"Dr. Wapler, of Leipzig, in the name of the Central Homœopathic Society of Germany, congratulated the Berliners upon the attainment of their goal, wishing the institution lasting prosperity, giving as a toast, 'Homœopathy of the Future,' which he designated 'the critical homœopathy.'

"Dr. Kröner, of Potsdam, gave the toast of 'The Ladies' in a series of humorous verses which were a play upon the names of divers medicines used in homœopathy, such as Belladonna, Pulsatilla, Apis mellifica, etc., and which were received with loud and prolonged applause.

"A pile of telegrams and letters of congratulation from all quarters of the globe were read. The dinner was also interspersed with vocal and instrumental solos by well-known friends of homœopathy, and concluded with a ball which was prolonged well into the small hours of the morning."—*Allg. Homœop. Zeit.*, Dec. 1st, 1904, p. 190.

J. G. B.

THE LORD MAYOR OF MELBOURNE.

OUR readers will be pleased to learn that the Lord Mayor of Melbourne for the coming year, commencing in November last, is Mr. Charles Pleasance, of Messrs. Martin & Pleasance, the well-known homœopathic chemists of Melbourne. This election speaks volumes for the respect and esteem in which those who know Melbourne are aware Mr. Pleasance is held. We have pleasure in extracting the following interesting sketch of his career from the Melbourne *Table-Talk* of October 13th:—

"At the meeting of the City Council on Monday, Councillor Charles Pleasance was unanimously elected Lord Mayor of Melbourne for the next municipal year—which commences in November next—and there was so much good feeling about the proceedings that the decision may be taken as a pleasant omen for the future peaceful and practical administration

of the affairs of the city. Councillor Pleasance is, first of all, a purely practical man of business, and afterwards—a jolly good fellow. He is not exactly an Australian native, having been born at Beccles, in Suffolk, England, in 1850, but in view of the fact that he arrived in Melbourne at the early age of five years, he may be fairly classed as an Australian. The goldfields were attracting population from all parts of the world at the time that the new Lord Mayor's parents carried him in swaddling clothes into the country, and they naturally 'went on the fields,' as they termed it in the old time, 'to seek their fortune.' Mr. Pleasance, senior, was a sturdy pioneer, and was one of those who helped to develop the Malmesbury District, which was, in the early times, devoted extensively to mining, but in later years has been given up to agriculture, and he finally settled down and engaged in general commercial business there. After passing through the preliminary early course at the local school, Councillor Pleasance was sent on to Melbourne to finish his education, and he was for a time one of Dr. Bromby's boys at the Church of England Grammar School, contemporary with Mr. Alfred Deakin and a number of other distinguished citizens. Upon leaving school he studied engineering at Langland's Foundry, but grew tired of the work, and decided to devote himself to chemistry. After some pleasant and many disagreeable experiences in the preliminary stages of chemistry, Councillor Pleasance became greatly attached to the profession of medicine, and decided to devote his life to its study. He was articled to the firm of which he is now the sole proprietor—the well-known firm of Messrs. Martin and Pleasance, homœopathic chemists—who have been in business for upwards of half a century in Collins Street East. The new Lord Mayor elect is an all-round good sort of fellow, and is popular alike in business and social and sport circles. In 1876 he was elected a member of the committee of the Melbourne Cricket Club, a position he held for fifteen years, and during that time he helped the club materially to attain its prominent position. He has been Vice-President of the Cricket Association, the Amateur Athletic Association, and Victorian Football Association, and has in fact been associated with every class of sport, with the exception of horse racing, for the past twenty-five years in Victoria. Councillor Pleasance has been a director of, and has been identified with, a number of financial institutions in the city, and has taken a prominent part in the inauguration and management of the Pharmaceutical Colleges and Institutions. In July, 1899, a vacancy was caused in the City Council for the Latrobe Ward, by the death of Mr. W. J. Craig, and

Councillor Pleasance was unanimously elected, and he has ever since sat for that Ward in the Council, where he is recognized as a practical ratepayers' representative. His private residence is 'Lyndhurst,' Kensington Road, South Yarra. The Lord Mayor elect has given up a lot of time to the affairs of the citizens, and has proved himself a straightforward and trustworthy representative, and it is hoped that his term of office will be a prosperous and happy one. A new portrait of the Lord Mayor elect appears on our first page this week."

MELBOURNE HOMŒOPATHIC HOSPITAL.

THE following gratifying announcement appears in the Melbourne *Table-Talk* of Oct. 13th :—

"The new operating theatre and casualty room at the Homœopathic Hospital, St. Kilda Road, was opened by Sir John Madden last Thursday afternoon, in the presence of a number of guests, who were present by invitation of the chairman and members of the Board of Management. The new theatre, which is very replete and up to date, stands in front of the original building, and is the outcome of a munificent thank-offering of Mr. James Mason. Some time ago he met with an accident, and was treated at the Homœopathic Hospital. Evidently noting that the casualty room at the back of the hospital was not too conveniently situated, upon his recovery he offered £500 towards building one in front. Dr. Bouton public-spiritedly undertook to raise the remainder of the money needed to complete the work, and it has been collected. The result is the fine and complete building opened last week. Sir John and Lady Madden were received by Sir Samuel Gillott (President) and Lady Gillott, and the members of the board. At the conclusion of the formal opening, afternoon tea was served in the board room."

A METHOD FOR THE RELIEF OF OBSTINATE HICCOUGH.

By HUDSON D. BISHOP, M.D., CLEVELAND, OHIO.

THE occurrence of obstinate and persistent hiccough during the course of any disease is often a very serious complication, and clinical data bearing upon its relief are of value to medical men. I have recently had successful experience with a method which proved itself efficacious and undoubtedly saved the patient's life.

The case was an appendectomy, with fæcal fistula and drainage. Forty-eight hours after operation, and before adhesion had become firm about the gauze drain, hiccough began. The condition of the patient was good, no constitutional symptoms or any indication of local or general peritonitis existing.

The remedies which I had used with success in similar cases occurring in abdominal work were used without any permanent relief. These measures included amyl nitrite inhalations, moschus, oil of amber, counter-irritation over the stomach, lavage of the stomach, and finally cocaine internally and morphia hypodermatically. By the time this array of remedial agents was exhibited, and effects noted, the hiccough had lasted for twelve hours, the patient was rapidly becoming exhausted, and in spite of strapping of the abdominal walls with adhesive plaster strips damage was being done to the abdominal wound and the viscera about the appendix.

I was greatly alarmed and called upon my colleagues for suggestions, but without avail. For several hours I had been cognizant of an indistinct recollection of having read of a cure of hiccough that had something to do with the tongue and hyoid bone, but I could not definitely recall it. Finally I had an inspiration. I thought of my American year books of medicine and surgery—books about which I always hesitated before buying, but which I had always bought. I could not leave my patient, but telephoned my wife at midnight, and set her at work finding all that she could upon hiccough, and particularly regarding the above-mentioned method. In one half-hour I had what I wanted.

In the 1897 year book, reference is made to a report made by Lepine and Viaud of a case of rebellious hiccough which was cured by traction upon the tongue; also a method of Matthieu, which consists in having the patient breathe regularly and vigorously from forty-five to fifty times per minute. In the 1901 year book a case is reported in which Koplinski obtained complete relief in an alarming case of hiccough by firm pressure on the base of the tongue by means of a large spoon handle.

With these data in hand I formulated the following procedure, which was successful in checking the hiccough. I placed the bowl of a heavy teaspoon, concave side down, back of the base of the tongue and pressed downwards and forward, the mouth being widely opened and the head thrown back. Simultaneously with this manoeuvre the patient made twenty deep inspirations as rapidly as possible. The hiccough ceased, as if by magic. Three hours later it returned, and was instantly checked by the same method. It returned

four times during the next twenty-four hours and was stopped each time, the patient himself manipulating the spoon.

The relief each time was instantaneous and convinced me that in this case at least we had an efficient remedy for a dangerous complication.

I report the case because of the fact that the method is a new one to every medical man to whom I have mentioned it, and I feel that such a simple means of cure should be as widely known as possible.—*The Medical Century*, May.

OBITUARY.

FREDERICK CLIFTON.

WE regret to have to announce the death of Mr. Frederick Clifton, the well-known homœopathic chemist of Derby, which took place on the 4th of December, in his 72nd year. Mr. Clifton had been in precarious health for some time, but he rallied so much as to be able to take horse exercise, of which he was very fond, for two or three hours daily. On the 3rd of December he complained of not feeling well, and left his business to go home. Cerebral hæmorrhage set in, with paralysis of one side, and he passed away on Sunday, the next day.

Mr. Clifton was a man of remarkable type, and was one of a remarkable family. He was born in 1833 in Northamptonshire, and when a young man was articled to a pharmaceutical chemist. After serving his time, and being engaged in his business as assistant in several places, he, in 1849, joined his brother, Dr. Arthur C. Clifton, who was then a homœopathic chemist in Northampton, but after a few months he bought a small business in Derby, where he acted as a kind of agent for Mr. Henry Turner, the homœopathic chemist of Manchester, for the sale of homœopathic medicines. While with his brother in Northampton he had been taught by him the principles of homœopathy, and having read for himself all the homœopathic literature of the day he could lay his hands on, he became convinced of the truth of the new doctrines, and from that time was an enthusiastic supporter of them. With his knowledge thus acquired, and as there has been for many years no homœopathic doctor in Derby, he commenced in a quiet way to treat those who asked for his advice in accordance with the new doctrines. He was a born physician, and it is only to be regretted that he never was able to go through a full course of study and take a qualification.

But his gifts and knowledge very soon made him widely known in Derby and the surrounding country. Patients used to come to him in numbers, not only from Derby, but from all the country round. Such was his skill and success with homœopathic treatment that he had quite an extensive medical practice over and above his business as a chemist, and was implicitly trusted. So much was his reputation and practice known and utilized by the people, that we have heard it often said that it was no use for any homœopathic doctor to settle in Derby while Mr. Clifton was alive. He was known in all the country round as "the clever homœopathic doctor," and was often spoken of as "the doctor." A man, to attain this position, must have talents of a high order, energy, perseverance, devotion to his work, knowledge of his profession, and above all "the gift of the physician." All these Mr. Clifton showed in an eminent degree. His manner was kind and courteous, and his practice was carried on so quietly and unobtrusively that we never heard of any opposition on the part of the old-school doctors, though, of course, they did not quite relish the idea of a homœopathic chemist, with no medical qualification, attaining to such a remarkable position. In private life he was much respected and beloved, and was a liberal supporter of the Victoria Street Church. And now that after a useful life, and a residence in Derby of over fifty years, he has passed away, he will be very greatly missed in that town by all who knew him, and by many who did not. His career has been an almost unique one, and one that it is well to record as a study of strength of mind and character, and of consequent success in life.

As we have said, Mr. F. Clifton was one of a remarkable family, and we should like to have known more of his paternal and maternal antecedents in view of the question of heredity.

One of his brothers is our distinguished colleague, Dr. Arthur C. Clifton, of Northampton, so well known to us all and beloved by every one for very similar characteristics to those of the deceased. Another brother is Dr. George Clifton, of Leicester, who is a J.P. and ex-Mayor of Leicester. A third brother is Mr. Edwin Clifton, of Ipswich, a homœopathic chemist, and in whom the family character is pronounced. A fourth brother is in New Zealand. Mr. F. Clifton's only son is Dr. Fredk. W. Clifton, who is in homœopathic practice in Sheffield, while one daughter is married to Dr. Bremner, of Leicester. We thus see with interest that the whole family are in connection with the profession of medicine, and with homœopathy. Mr. Clifton had, besides his son, four daughters, all of whom are married. His wife

pre-deceased him about two years ago. Sympathetic notices of appreciation of Mr. F. Clifton appear in the *Derby Advertiser* and in the *Derby Evening Telegraph*.

The funeral took place on the 8th of December, and was largely attended by relatives and friends. Dr. Clifton, of Northampton, who, we regret to say, has lately been in weakly health, was unable to leave his house from illness, and so was unable to be present at the funeral. The long list of floral gifts, as recorded in the newspapers, testifies to the wide circle of friends possessed by Mr. Clifton. We offer our warm sympathy to Mr. Clifton's family on their loss.

CORRESPONDENCE.

THE MACHINERY OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

To the Editors of the "Monthly Homœopathic Review."

SIRS,—Allow me to thank you for the powerful plea for unity in the homœopathic ranks which you make in your leading article of December. It is the want of unity, in aim and policy, which has kept homœopathy in this country in such a backward state compared with the condition of things which obtains in the United States, for instance, and some other countries. And it was in order to prevent the spread of a disintegrating policy that I felt compelled to make the remarks I did in the *Homœopathic World*, to which you have taken exception.

Of the tone of your criticisms I have no complaint whatever to make; but I should like, with your permission, to make one or two observations in reply.

Mr. Knox Shaw's letter to Dr. McClelland gives a somewhat different account of his office from that of your note. You describe him as "General Secretary for Great Britain and the European Continent." He describes himself as "Local Secretary for Great Britain *pro tem*." You say I was present at the meeting of the British Homœopathic Society at which Mr. Shaw gave an account of the affair. That is true; but I was a little late in arriving, and the chief thing I heard Mr. Shaw say was that he had written to Mrs. Hughes asking her to hand over to himself the insignia of her late husband's office.

Personally, I have nothing whatever to say against Mr. Shaw, and I agree with you that his executive ability might

eminently qualify him for a secretarial post. But Mr. Shaw represents a definite policy in homœopathy, which many besides myself regard as retrograde and disintegrating. Mr. Shaw is perfectly entitled to fix his own aims, and adopt his own methods, but he must accept the consequences of his actions like every one else. I am glad you have given the long quotation from his address, because that shows just where he is in homœopathy. It has been well said that a really good surgeon must necessarily also be a first-rate physician. I take it that a homœopathic surgeon should be a homœopathic physician at least as much as he is a surgeon. He should be able by virtue of his knowledge of homœopathy—"belief" in homœopathy is not enough—to help his *confrères* to confine the scope of mechanical surgery to the smallest possible limits. This is not the picture which Mr. Shaw draws of himself. If the passage you quote means anything, it implies that, in his opinion, the advances in *surgery* have altered the *medical* standpoint; and that the difference between the two schools of therapeutics is no longer anything to make a great fuss about. This is the interpretation that was put upon Mr. Shaw's address at the time it was delivered. The whole address read, to some at least, as Mr. Shaw's apologia for occupying the position he did.

To the thinking of most homœopaths the notion that there is no great difference between allopathy and homœopathy is an entire fallacy. The difference is as great as ever it was, and the career of homœopathy as a civilizing agent in the therapeutic world is only just beginning. But it is apparently on this fallacy that Mr. Shaw's medical politics is based.

Mr. Shaw seems to think that if all homœopaths would but take their names out of the *Homœopathic Directory*, allopaths would straightway "absorb" us (in the phrase of the *Medical Press*), and all would be well! Mr. Shaw is perfectly entitled to entertain this opinion. But Mr. Shaw did not stop there. In British politics the only practical line of progress is to take the voice of the majority and loyally abide by it. But this was not Mr. Shaw's method. By a series of manœuvres, culminating in a boycott of the then publishers of the *Homœopathic Directory*, he sought to deprive the majority of his colleagues of what is to them an indispensable convenience. The device failed; but Mr. Shaw succeeded in dividing the homœopaths of Great Britain into Directorians and Anti-Directorians; and it is because of this schism, and of the part that Mr. Shaw played in bringing it about, that some of Mr. Shaw's colleagues cannot accept him as their representative in any capacity in which the unity and welfare of homœopathic interests are at stake.

In one sense Mr. Shaw is a fit successor to the late Dr. Hughes. In his *materia medica* work Dr. Hughes was always posing before the allopaths. In his politics—or ethics—or etiquette—Mr. Shaw, likewise, is always posing to the allopaths; allopaths don't like the *Homœopathic Directory*, therefore homœopaths ought to forego that convenience. But whilst Dr. Hughes' *materia medica* labours (in spite of the fact that he would have got rid of Hahnemann's schema, if he could, to please the allopaths) have resulted in endowing the homœopathic school with treasures which all sections of the body can make use of, Mr. Shaw's political labours, on the other hand, have only led to disunion and disintegration.

Homœopathy can never do its real work in the world until it is determined to go on its way with absolute disregard of anything which allopathic doctors, allopathic societies, or allopathic editors may think, or say, or do.

Yours, etc.,

JOHN H. CLARKE.

8, BOLTON STREET, W.,
Dec. 4th.

THE SUBJUNCTIVE IN HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

"It is an uncontrolled truth," says Swift, "that no man ever made an ill figure who understood his own talents, nor a good one who mistook them." *Ne sutor ultra crepidam*. The very amplitude of Dr. MacLachlan's last makes it the greater pity that he should have gone beyond it.

He reiterates his strange statement that the Latin subjunctive never conveys a command. If he really does not love "controversy rather than truth," he will perhaps be convinced by the following quotations. Bradley, in his *Latin Prose Composition* (p. 116), says: "In Greek the two ideas of a *command* [italics mine] and a wish as applied to a third person are expressed by two moods, ἀπολέσθω, ἀπόλοιτο; Latin is content with one—*pereat*." (*Pereat* is in the *subjunctive* mood.) Roby, whose *Latin Grammar* is a standard work, says (Part II, p. 254): "The optative or jussive subjunctive expresses an action supposed and either wished, or deprecated, or *commanded*, or forbidden" [italics mine]. Roby also quotes the following from *Cicero*: "Mihi quidem in vita servanda videtur illa lex quæ in Græcorum conviviis

obtinetur: *aut bibat, inquit, aut abeat.*" This is translated by Roby himself in his appendix to the school edition: "I think we ought to observe in life the rule which is maintained in wine-parties among the Greeks: *either he must drink, it says, or he must go*"—plainly no question of advice, but something very imperative.

The elementary fact is that Latin, having a formal imperative only in the 2nd person singular and plural, *e.g. ama, amate* (I speak not of its so-called future imperative, reserved for legal or semi-legal documents), had to supply the wanting persons from the subjunctive, *e.g. amet*, "let him love," etc. That any one who needs to be reminded of such extremely elementary points should solemnly insist "that the use of the subjunctive in our Latin motto is utterly opposed to the spirit of the teaching of Hahnemann" is, to put it mildly, a little unconvincing.

An imperative implies no uncertainty in the mind of him who uses it. If Hahnemann said *Similia similibus curentur*, he uttered a universal command, based on the implicit truth that *Similia similibus curantur*. *Curantur* is the great truth; *curentur* is its practical application.

Finally, I am forced to the painful conclusion that Dr. MacLachlan knows as little of Latin as I know of organic chemistry. Only *I know* that I know very little organic chemistry.

Yours faithfully,

T. MILLER NEATBY.

ERRATA, ETC.

In our December issue, on page 717, for "DR. W. A. DEWAR," read "DR. W. A. DEWEY." On page 730, for "*Copro-statis*," read "*Copro-stasis*."

. Dr. H. Wynne Thomas, of Bromley, Kent, has removed from 79, Tweedy Road, to Thornbury, High Street, Bromley.

Miss L. F. Purdom, daughter of our colleague, Dr. Purdom, of Croydon, "certificated in Massage, Electricity, Swedish movements, and Nauheim treatment," has commenced practice in her departments. She lives with her father, at Ellerslie, 25, Park Hill Road, Croydon.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 188 Mayfair.

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

We have received Communications from Dr. J. H. CLARKE, Dr. BYRES MOIR, Dr. BLACKLEY, Dr. MILLER NEATBY, Mr. F. KING, Messrs. KEENE & ASHWELL (London); Dr. SIMPSON (Waterloo); Dr. GEO. CLIFTON (Leicester); Dr. NEILD (Tunbridge Wells); Dr. PURDOM (Crowdon); Dr. CASH (Torquay); Dr. WYNNE THOMAS (Bromley); Dr. FRANK KRAFT (Cleveland, Ohio).

BOOKS RECEIVED.

An Introduction to Dermatology, by Norman Walker, M.D. Third edition. Bristol: John Wright & Co., 1904. *Family Practice; or, Simple Directions in Homœopathic Practice*. 16th thousand. London: E. Gould & Son, Ltd., 1904. *The Physician's Diary and Case-book for 1905*. London: Keene & Ashwell. *Similia Similibus Curentur, Inaugural Thesis*, by Nilo Cairo da Silva. Rio de Janeiro, 1903. *Jottings*. Boericke & Tafel, November. *The Year's Progress in the Test Drug-Proving of the O. O. and L. Society*, by Howard P. Bellows, M.D. Boston, Mass., 1904. *Bulletin of the Hahnemann Medical College and Hospital*. Philadelphia, December. *Nova Medica*, November. *The Homœopathic World*, December. *The Vaccination Inquirer*, December. *The Derbyshire Advertiser*, December 10. *The Calcutta Journal of Medicine*, August and September. *Melbourne Table-Talk*, October 18. *The Homœopathic Envoy*, November and December. *The Chironian*, November and December. *The American Physician*, November. *The Homœopathic Recorder*, November. *The Medical Brief*, December. *The Clinique*, December. *The Medical Century*, December. *The Pacific Coast Journal of Homœopathy*, November. *The Medical Times* (New York), December. *The Hahnemannian Monthly*, December. *The Cleveland Medical and Surgical Reporter*, December. *Allgemeine Homœopathische Zeitung*, December 1, 15. *Annaes de Medicina Homœopathica*. Brazil, June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. Dyce Brown, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. Gould & Son, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY IN ACUTE RHEUMATISM.

It is proverbially difficult to obtain statistics in medicine such as will convince an opponent. It is difficult in any controverted subject, but still more in the domain of medicine. The personal equation comes out so strongly in the argument. A man who enters the arena of controversy with a mind prejudiced against a particular system of treatment will manage to pick holes in the statistics produced, will so manipulate them that they seem to indicate the very reverse of what his opponent has, to all appearance, proved, and will so satisfy his own mind, and perhaps that of others also, that the statistics are fallacious, and therefore valueless. Whereas a man with an open mind is capable of judging calmly, and sees the real result brought out by them. Hence it is often said that statistics may be made to prove anything, or as some cynic has expressed it, that there are three gradations of "inaccuracy": "lies, d— lies, and statistics." In medical statistics, especially in the domain of therapeutics, the fact that no two cases of disease are exactly alike, always renders it comparatively easy to deny or ignore results, since it can always be said, and we admit with some truth, that cases are classed together of mild and serious type, or even of different types, so that conclusions drawn are therefore unreliable. Still, not only in medicine but in every other sphere of discussion, the argument from statistics is employed, and with often telling effect on

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those who are not in a hopelessly pachydermatous frame of mind. To a homœopath who, as such, has implicit faith in the law of similars, and has his faith daily fortified by experience and success, certain statistics are *prima facie* reliable in their results, while to an old school practitioner they are the reverse—*prima facie* to be disputed, if not thrown aside at once as valueless. In the case of acute rheumatism, although there are many varieties of cases, yet the general type of the ailment is so well-known, with its natural course and its complications, that important statistical evidence of the value of different modes of treatment is really of service in elucidating the question at issue, namely, what treatment yields the best and most successful results.

The special text calling forth these remarks on statistics is an extremely interesting and valuable paper entitled "Acute Rheumatism and allied conditions," by DR. F. A. WATKINS, the Pathologist to the London Homœopathic Hospital, which was read before the British Homœopathic Society, and published in the July, 1904, number of the Journal of the Society. We deem it well worth while to call attention to this paper, and so ensure a careful reading by those of our colleagues who may not have read it, as well as a wider circulation than the Journal of the Society possesses. We only, however, here deal with the interesting statistics which DR. WATKINS brings forward as to the results of the homœopathic treatment and of the allopathic treatment of acute rheumatism. Before making any comments of our own, we quote the passages in DR. WATKINS' paper, containing the statistics referred to. And first, as to the toxic effects caused by the salicylates, DR. WATKINS says :—

"Dr. L. Shaw has given the following analyses of the toxic effects observed in 174 cases of rheumatic fever treated with salicylates in Guy's Hospital :—

| | 1881. | 1886. | Totals. |
|-------------------------------|-------|-------|---------|
| No toxic effects mentioned .. | 40 | 23 | 63 |
| Toxic effects mentioned .. | 62 | 49 | 111 |
| | | | 174 |
| | 1881. | 1886. | |
| Delirium | 21 | 12 | |
| Deafness | 33 | 28 | |
| Vomiting | 15 | 17 | |

| | | | | 1881. | 1886. |
|--------------------|----|----|----|-------|-------|
| Tinnitus .. | .. | .. | .. | 16 | 13 |
| Headache .. | .. | .. | .. | 12 | 21 |
| Epistaxis .. | .. | .. | .. | 6 | 5 |
| Irregular pulse | .. | .. | .. | 4 | 9 |
| Albuminuria | .. | .. | .. | 4 | 2 |
| Hæmaturia | .. | .. | .. | 1 | 1 |
| Retinal hæmorrhage | .. | .. | .. | 1 | 0 |
| Urticaria .. | .. | .. | .. | 1 | 0" |

"I have made an analysis of the notes of all cases of acute rheumatism which have been admitted to this hospital under the care of Dr. Byres Moir during the ten years 1892-1902. The total number amounts to 100; of these fourteen were treated with salicylates; six died; one developed acute mania and was transferred to an asylum; this leaves a total of seventy-nine, which recovered under homœopathic treatment.

"Of these seventy-nine patients I found that each one remained in the hospital on an average 33·3 days; the acute symptoms lasted on an average fifteen days; the number of relapses were nineteen; that is, they occurred in 23½ per cent of the cases; twenty-six were admitted with no heart disease; of these four only developed heart complications whilst in the hospital, being a percentage of 15·36 per cent.; and what is more remarkable still is that nine of these patients were under 10 years of age, and eighteen under 20 years of age; it being generally admitted that the younger the patient the greater the danger of heart disease.

"I have drawn up the following table to compare these results with those obtained under salicylate treatment.

| HOMŒOPATHIC TREATMENT | | SALICYLATE TREATMENT | | | | |
|---|-------------------|----------------------|-----------------------|-----------------|----------------|---------------|
| | Dr. Byres Moir | Dr. Warner | Dr. Havilland Hall | Dr. Bristowe | Dr. S. West | Dr. Garrod |
| Average num- ber of days in hospital | 33·3 | 34·9 | 34 | — | — | — |
| Average num- ber of days with acute symptoms | 15 | 5·5 | 7 | — | — | — |
| Percentage of relapses | 23·75 | 33·6 | — | — | — | — |
| Percentage of heart com- plications | 15·36 | — | 36·82 | 33 | 58·8 | 56·16 |

"It has been said that statistics can be made to prove anything, but when an honest investigation of them is made they are of undoubted value. I have found it very difficult to obtain any figures of cases under parallel circumstances, but in drawing up this table where there is an obvious difference I have invariably given the advantage to those who treated their cases with salicylates; the consequence is that the results obtained by homœopathy are apparently more favourable than appears on this table; for example, in tabulating my relapses I have scheduled as a relapse when the acute symptoms reappeared and remained for twenty-four hours—there is no evidence to show what Dr. Warner considered to be a relapse in classifying his cases. With regard to the heart complications, when any heart sign or symptoms appeared and remained constant over a period of two or three days I scheduled that as a case of heart disease. Dr. Samuel West, on the other hand, classified as heart complications only those cases that were discharged from hospital with signs or symptoms of heart disease. Moreover, his percentage only dealt with patients who had been attacked for the first time with rheumatic fever; it is generally admitted that heart disease occurs more frequently during the second or subsequent attacks of rheumatic fever than during the primary attacks. Again, in most of the large London hospitals I believe there are no children's wards, and therefore the ages of the patients are considerably higher and consequently the tendency to heart disease less marked. Homœopathy in general is to be congratulated on these results, and Dr. Moir in particular."

DR. WATKINS remarks as follows on these investigations:—

"The result of this investigation indicates that the duration of time in hospital is practically the same under the two systems of treatment, and this is confirmed by the above-mentioned paper by Dr. Moir, in which he investigated fifty cases of rheumatic fever and found the average duration was thirty-five days.

"Under the salicylic treatment the duration of the acute symptoms of rheumatic fever is reduced by 50 per cent, but the number of relapses are much increased, and what is of much more serious import is the much larger number of cardiac complications. It is true that the allopathic treatment reduces the duration of the acute symptoms by

seven or eight days, but is not this at the risk of a most serious damage to the organ which is the keystone of the organism, which damage is generally life-long in duration, and in all probability will very materially shorten the very existence of the sufferer? We have seen that about two-thirds of the patients treated by salicylates suffer during their administration from their toxic effects; are we sure that these effects are only temporary, bearing in mind how very near the therapeutic dose approaches to the fatal dose of 48 grains? It would appear that whilst the salicylates in some obscure way suppress the symptoms of rheumatic fever yet by their toxic effects they must reduce the vital resistance of the body-cells so that the dreaded parasite is afforded a more ready entrance to the very citadel of the cell-republic (the heart), where they accomplish their nefarious work."

The whole question of treatment is here reduced to a nutshell. The duration of stay in the hospital is practically the same under both forms of treatment. The salicylate treatment has the advantage, which naturally looms large in the eyes of the patient, that the acute symptoms, the high temperature and pain, are much shortened in duration as compared with the homœopathic treatment. But on the other hand, and as a set-off against this is the number of toxic conditions which, as Dr. L. SHAW shows in his tables, are developed in the course of the treatment by salicylates, while under the homœopathic treatment there are no toxic conditions produced to complicate matters. Next, the number of relapses, and the percentage of heart disease are much greater under the salicylate than under the homœopathic treatment, leaving the patient handicapped, probably for life, by disease of the heart. Which then is preferable? to relieve the acute symptoms quickly, and leave the patient unusually liable to relapses, and his future life practically wrecked by heart mischief, or to have patience for the acute symptoms to subside more gradually, with much less risk of relapses, and the minimum risk of heart disease being developed? We unhesitatingly say that the latter is what should be aimed at for the patient's sake, since to endure temporary pain with the prospect of no permanent mischief remaining for the rest of life is infinitely better than quick relief at the cost of

subsequent misery and dishealth. In this view the homœopathic treatment stands far ahead of the allopathic in its results. We also draw attention to the fact that these drawbacks to the salicylate treatment are largely felt by many allopathic physicians, and that the enthusiasm expressed for it by some is far from being unanimous in the old school. An amusing illustration of this divergence of opinion occurred to ourselves. Some years ago, in treating a case of acute rheumatism, the patient told us that a sister of his was a lady doctor, and a brother-in-law a well-known doctor also, of the old-school. On the same morning two letters arrived, one from the sister and the other from the brother-in-law. The former wrote hoping that the salicylate treatment was being adopted, and the latter sincerely trusting that it was *not*. This patient, we may incidentally mention, made an excellent and rapid recovery under homœopathic treatment purely, and with not a trace of heart mischief. We may therefore have every confidence that we are right in pursuing careful homœopathic medication, and in declining to be led into the attempt to quickly relieve the acute symptoms by the salicylates, knowing that if we thus act, we are doing the best for the patient in the long run.

It is interesting to record that many years before the statistics of the Homœopathic Hospital referred to above were tabulated, a paper was read by LIEUT.-COLONEL H. E. DEANE, R.A.M.C., then a medical student at the Middlesex Hospital (about 1880), before the Students' Medical Society, on "Acute Rheumatism and its Treatment." This was read shortly after DR. GREENHOW of the Middlesex Hospital had published his report of cases treated by the salicylates, and in which he pointed out the injurious effects of the drug in so many cases. Mr. Deane resolved to see for himself the treatment at the Homœopathic Hospital, and in his paper he reports the results of twenty cases. He says: "The temperature began to fall, on an average, on the 5th day, and then it fell gradually but steadily, the morning temperature being slightly in excess, all through, of that of the evening. In one case only was there anything like a relapse. In two slight pericarditis was developed. Five cases were admitted with bruits. In four murmurs developed under treatment. In one of

these it was merely a roughness of the first sound. Only three out of the twenty were discharged with persistent murmurs." He adds that he purposely only took the acute cases "to compare with Dr. Greenhow's," and that the average duration and stay in the hospital was thirty-three days. He also adds that the patients went out "perfectly well, and fit to go to work."

Such observations obtained by a medical student in his fourth year, and with an open mind, are very closely similar to those recorded in DR. WATKINS' interesting paper, and show how homœopathy, being based on a definite law of cure, and not shaken by prevailing "fashions in medicine," maintains its results of former years to the present time with remarkable uniformity of success.

ON PNEUMONIA IN CHILDREN.*

By BYRES MOIR, M.D.,

Physician to the London Homœopathic Hospital.

THE treatment of pneumonia is of special interest to us, for it is due to the work done by Fleischmann of Vienna and others, in the middle of last century, that the old heroic treatment of this disease was given up, with such a very notable fall in the death-rate. That this is the case is shown by the references to it in Hueppe's *Bacteriology*, and in Dr. Pye Smith's article on "Pneumonia" in Clifford Allbutt's *System of Medicine*.

While most of those who make use of homœopathic remedies would point at once to pneumonia as a disease where they see decided beneficial results from the drugs employed, of late very little has been done to bring forward any statistical statements of cases treated.

In this country, the only attempt that I know of was a short but very good paper by Dr. Watkins, read before the British Homœopathic Society in 1898. In this he gave the results of his observations while resident in the Homœopathic Hospital, of the cases of acute pneumonia in children of which he had charge. In all there were seventeen cases of acute pneumonia in children under four years

* Being a Paper read at the British Homœopathic Congress, held in London on July 1, 1901.

of age. Of these fourteen were cases of broncho-pneumonia without a single death. Three were lobar pneumonia, of which two died. One being moribund and died a few hours after admission, in the other the temperature rose before death to 108.4° and at the post-mortem was found to be associated with tubercular deposits. He gave a carefully tabulated report of his cases, and claimed that not only was the mortality greatly reduced, but the course of the disease was considerably shortened, and that relapses were not so frequent.

In looking over his tables and notes, I do not think there can be any question of the diagnosis, and the results speak for themselves.

I have therefore taken for my subject the treatment of acute pneumonia in children up to the age of five. Through the courtesy of my colleagues, Drs. Blackley, Epps, and Roberson Day, I am able to give you the results in all the cases of acute pneumonia, 233 in number, treated during the last five years in the wards of the Hospital, and have to thank Dr. Harris, our late resident, for the trouble he has taken in tabulating them for me.

The importance of the treatment can be seen at once by giving a quotation from an article by Dr. S. Vere Pearson, in the *Lancet* for June 27th, 1903, on "The Prevalence of Pneumonia in Infancy." In this he says:—

"The prevalence of such a serious disease as broncho-pneumonia is well shown by the effect of its occurrence on the general death-rate. The important part which it plays in affecting the mortality of the community is indisputable. Thirty per cent of all deaths in England and Wales occur in infants under two years, and probably nearly 25 per cent are the subjects of broncho-pneumonia."

Under the name acute pneumonia we have the two great divisions of croupous or lobar pneumonia and catarrhal or broncho-pneumonia, but as will be seen there are many cases in which it is difficult or impossible to classify with accuracy.

In typical cases of croupous pneumonia we have as a rule the same definite conditions that are met with in adults, and due to the pneumococcus infection. The child is usually in fair condition and well nourished. The onset is sudden—there is frequently vomiting or convulsions, but not rigors. The temperature rises rapidly, often

reaching 105° or 106° , and remains at a high level, till the crisis occurs. The amount of involvement of the lung varies very much, but it is much more common to find the apex attacked in children than in adults.

As a rule the dulness appears early, but it may be delayed for some days—as will be shown in some of the charts. Pleurisy is frequent, and in older children the only pain complained of is often referred to the abdomen.

Apart from the symptoms discovered by auscultation, the character and frequency of the respirations are most helpful in diagnosis; there is not the distress that is seen in broncho-pneumonia, even though a large amount of lung tissue may be involved, and though the breathing may be very rapid the variations are not so marked. Cough is usually only slight, and cyanosis is not a marked feature.

With the crisis, resolution sets in and takes place rapidly. If in a few days after the crisis the temperature begins to rise again, empyema may be suspected.

The frequency with which the apices are attacked has been noticed, and while as a rule this is diagnostic of the croupous form, it may in some cases be difficult, except by the progress of the case, to decide whether tubercle is present or not.

The chief danger arises from the amount of the consolidation and the age of the patient.

In one case admitted moribund and only living two days, the post-mortem showed the whole of the right lung and the lower lobe on the left side to be consolidated. This was in a girl of ten months.

In the charts the pulse, temperature and respiration are marked every four hours, night and day. The markings at the side show the rate of each; thus at the level 105° , for temperature, the pulse is 150 and respiration 50.

Chart I. is a typical chart from a boy of 1 year and 4 months, admitted at the beginning of an attack in which one lung was affected at the base. The highest temperature, on the second day was 105.8° , with a pulse of 180 and respiration 80. Crisis occurred on the sixth day. The curves correspond, and the only point to which I would draw your attention is the slight variation shown by the respiration.

Chart II. is from a boy of 2 years and 10 months, with double lobar pneumonia, who had been treated for diphtheria in the Hospital nine months previously.

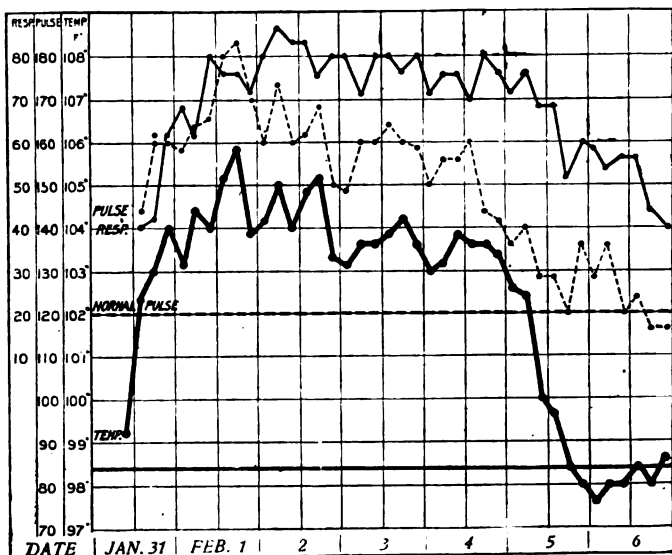


Chart I.

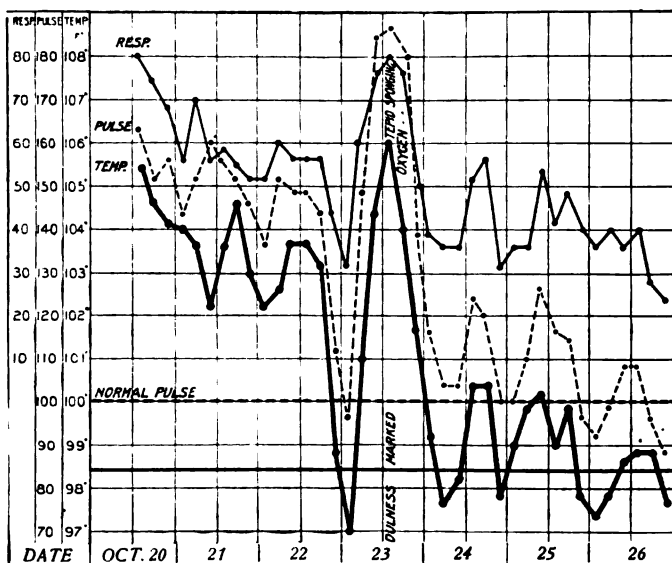


Chart II.

Had been drowsy, and vomited six days before admission. On the third day the temperature fell to 97° , and rose in twelve hours to 106° , falling again to 97.6° in the next sixteen hours. The dulness was not marked till the fourth day in the hospital and tenth day of illness, and it was at this time that these rapid variations took place.

Chart III. a severe case of croupous pneumonia in a girl of 4 years old, and was of the type known as creeping pneumonia. She was admitted with a temperature of 104° , pulse 145, and respiration 30. There were no physical signs which pointed to lung trouble, and she was at first isolated in case it should be measles. The next day her temperature was 106° , and respiration 40, but no distress or dyspnœa

In this case also the physical signs of consolidation were delayed, for though there were some suspicious signs beforehand, it was not till the fifth day that marked dulness was found at the left base; in the next few days it spread till the whole lung was involved, and was quite dull to the clavicle, and then attacked the right base. The crisis did not occur till the twelfth day, and was associated with what we find often occurs, *viz.* a sharp attack of diarrhœa, 15 stools being passed in the twenty-four hours.

The chart shows well how little variation took place in the respirations, only varying between 30 and 40 during the three days the temperature touched 106° , though they rose to 60 when resolution began. The fall is more by lysis than crisis. The only way that I can account for the slow respiration is by the amount of pleurisy that was present.

Chart IV. is one in which the crisis was delayed, due, I think, to the previous health of the patient. A boy of 1 year 9 months, much neglected, with muco-purulent nasal and conjunctival discharges; a few crepitations were heard at the left base, but no definite consolidation till the sixth day, when with a temperature of 106° dulness was found at the right upper lobe. Crisis occurred on the twelfth day. Diarrhœa began the day before. In this case there were marked symptoms of meningeal irritation, for which bryonia and verat. viride were given, followed by steady improvement.

These charts illustrate the true lobar pneumonia as met with in children, and severe as many of the cases are, the death-rate is very low.

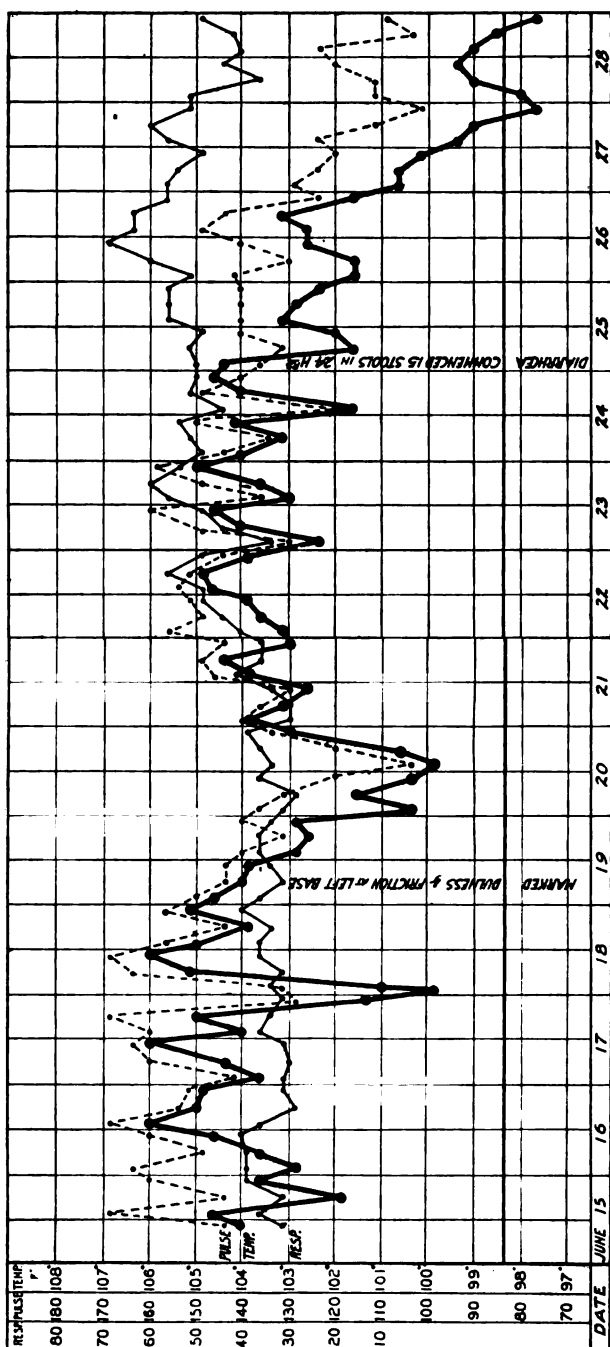
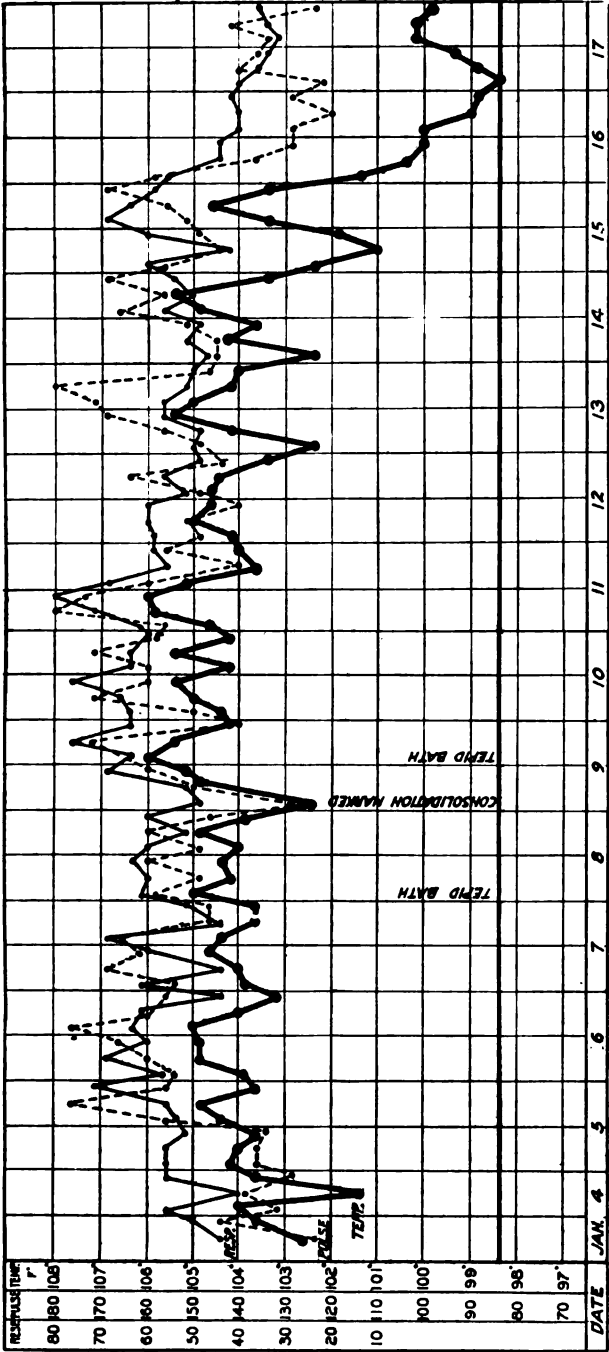


Chart III.



In broncho-pneumonia we meet with a very different class of cases; it is characterised by numerous small consolidations, usually scattered over both lungs. The terminal bronchi, and the corresponding group of vesicles being included in the inflammatory process. It is more frequent in children under five than the lobar form, and usually in unhealthy children suffering from marasmus or rickets, or secondary to bronchitis, whooping cough, measles and diphtheria. The illness begins insidiously,

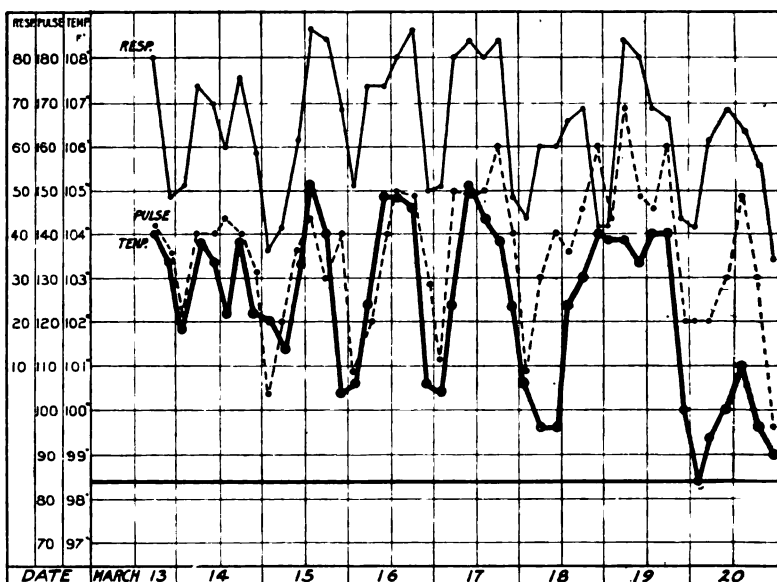


Chart V.

the temperature rises more slowly and is irregularly intermittent; the remissions often vary from 3 to 5 degrees.

The character of the respiration is very different, while in the lobar form there is often very little distress to be seen beyond the rapidity of the breathing; in broncho-pneumonia we have the obstructive form of dyspnoea, rapid, laboured breathing, with recession of the chest walls. The rapidity of the respirations varies very much; thus, in one case of 10 months old, the noted respirations at consecutive four hours were 60, 68, 100, 104, 80, and

this is seen sometimes without corresponding changes in the pulse and temperature.

Cyanosis is a more marked feature, not depending so much upon the amount of consolidation as the bronchitic symptoms.

The respiration is also not so regular; in one case a year old that recovered, Cheyne Stokes breathing was present, though West says that it is, he believes, almost invariably fatal.

Cough is frequent and troublesome. Collapse of the lung is common, and often extensive, proving fatal in two of our cases, one of a month and the other a year old.

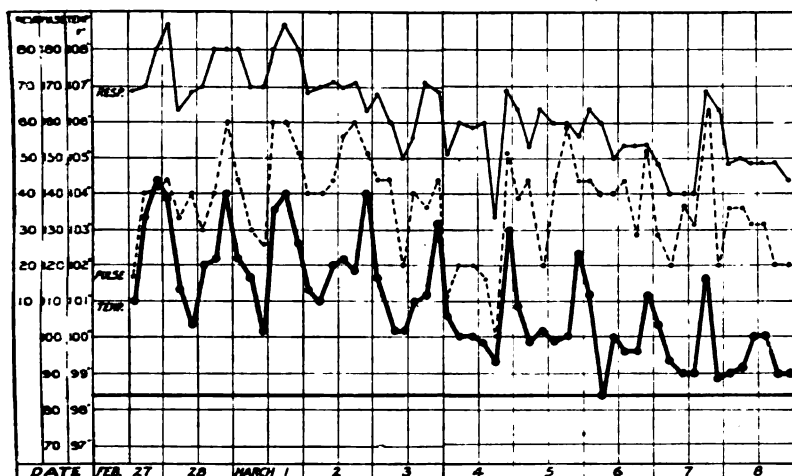


Chart VI.

The physical signs in the chest appear early, sonorous and sibilant rales are heard, and fine, moist rales over the consolidated patches; but these patches are often ill-defined, unless they tend to coalesce, and are most frequently found in the lower lobes and in both lungs.

The temperature usually falls by lysis.

The illness is much more prolonged, and relapses are not uncommon.

Chart V. is from a case of broncho-pneumonia following bronchitis. A boy of 12 months, admitted with bronchitis on March 6th, with coarse, moist, sibilant and sonorous rales; only part of his chart is shown.

On the 13th, a week after admission, his temperature had risen to 104°, pulse 142, respirations to 70. Definite signs of broncho-pneumonia were then found, the right lung being most affected. The intermittent type of the temperature is well shown, and the curve of the respiration is very different to what we saw in the previous charts. The temperature fell in another seven days.

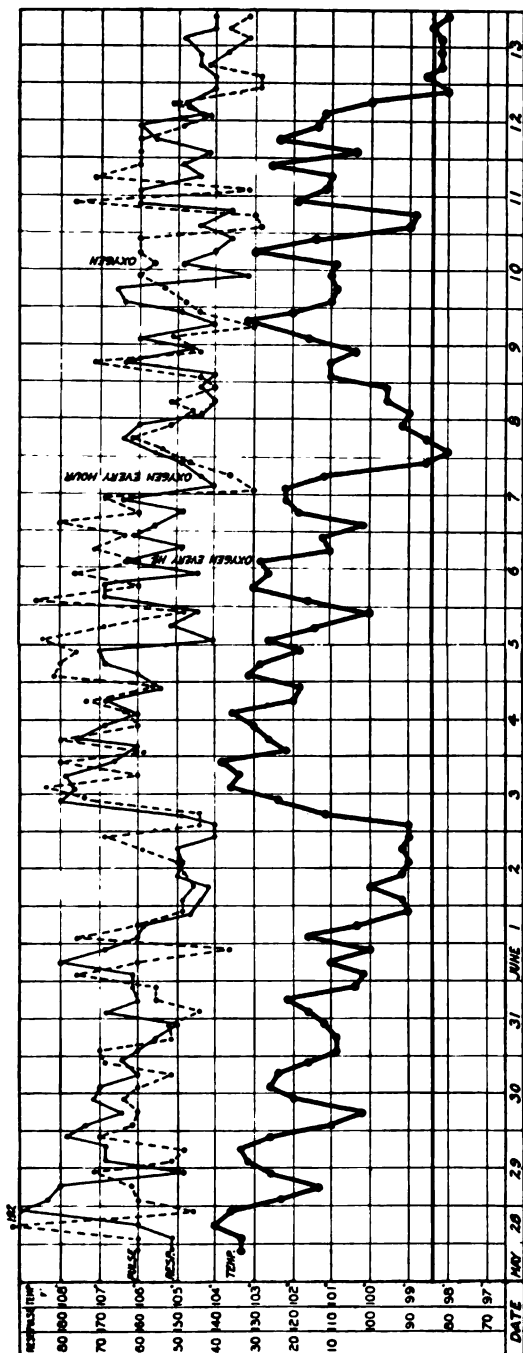
Chart VI. is a similar case in a boy of 9 months, both of these showing well the high rate of the respiration with a lower temperature than in the lobar form. The child was noticed to be ill on February 22nd, and was admitted on the 27th. Breathing was laboured, with constant short cough; small patches of consolidation were found on the left side, just below the angle of the scapula, and in the axilla. On March 1st the note was: some tubular breathing on the left side, and numerous crepitations on the right side, back and front. The temperature fell by lysis.

Chart VII., from a girl of 7 months, is of the relapsing type, showing three distinct attacks: there were the usual signs of broncho-pneumonia in both lungs, and the cough was frequent and of a paroxysmal nature. The pulse the first day reached 192, was very feeble and intermittent. In this case great benefit was derived from the frequent inhalation of oxygen when she appeared to be sinking, and she did well in the end.

An important point to notice is that the pulse and respiration did not fall in the same way as the temperature, pointing to the persistence of the diseased condition, although the temperature might lead to erroneous conclusion.

Chart VIII. is a secondary broncho-pneumonia, following measles, in a girl of 1 year and 5 months. Admitted with a temperature of 105° and respirations 72, the variations of temperature showing a difference of 6 or 7 degrees; the temperature fell to normal on the fourteenth day.

All the cases whose charts I have shown got well, and may be taken as fair specimens of the cases met with. They show as far as possible the distinguishing features of the two forms of pneumonia; and while at the two extremes the diagnosis is easy enough, there are plenty of cases in which it is most difficult, and sometimes impossible, to say to which division they belong.



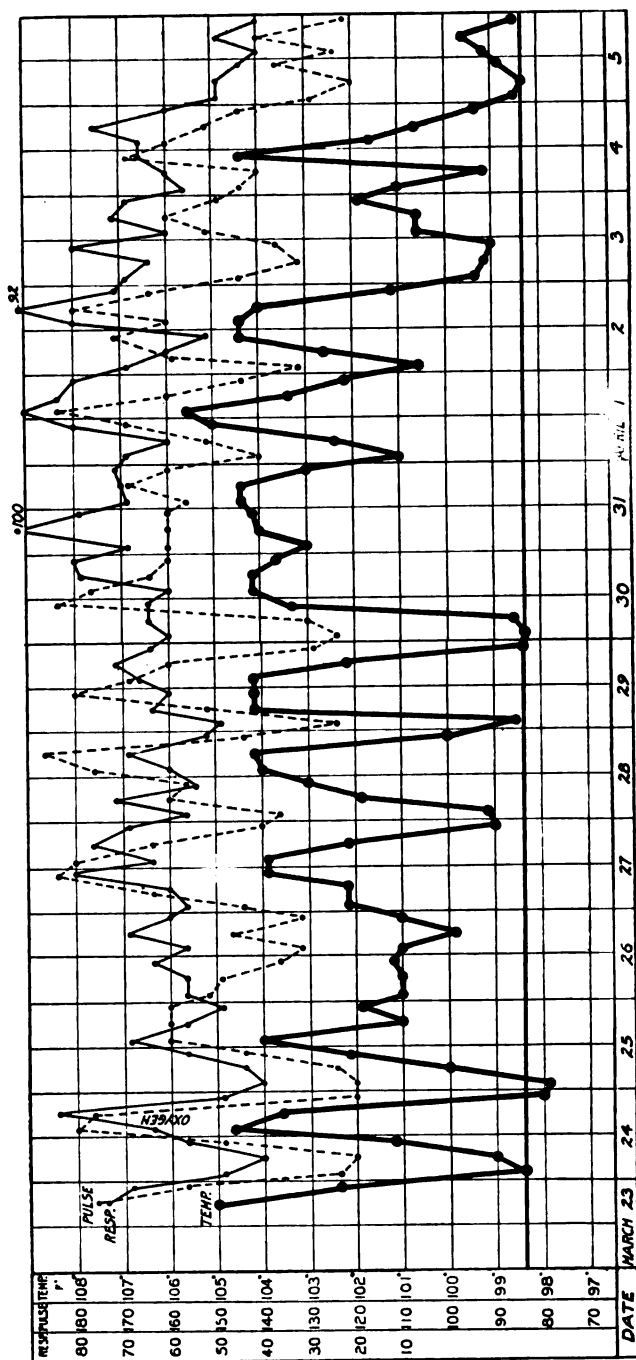


Chart VIII.

The clinical symptoms of both types are found, and even the microscopic results after a post-mortem show the fibrinous and catarrhal forms co-existing. These doubtful cases are chiefly found among the primary broncho-pneumonias.

Special attention has been drawn to the separation of these cases by Dr. S. Vere Pearson; in a paper in the *Practitioner* for April last, entitled, "The Differential Diagnosis between Croupous and Catarrhal Pneumonia," and again in the *Lancet* for June 27th, 1903, in an article on "The Prevalence of Pneumonia in Infancy," he protests against the views expressed by Dr. Samuel West in his book upon *Diseases of the Organs of Respiration*, who argues for the restriction of the term broncho-pneumonia to the secondary forms only, and including the primary broncho-pneumonias among the lobar pneumonias, from which he says the only difference is the extent of the consolidation, that is to say, in little more than physical signs.

He maintains that:—

1. The primary and secondary broncho-pneumonias have a different bacteriological origin.

2. That secondary broncho-pneumonia is for the most part due to streptococcus infection, derived from some source connected with the air tubes, throat or mouth.

3. That primary broncho-pneumonia is of pneumococcal origin.

4. That while in the adult pneumococcal inflammation produces massive consolidation, in the child it produces disseminated patches of consolidation; in other words, that there are no real pathogenic distinctions between lobar and primary lobular pneumonia of the child.

On the other hand, Dr. Vere Pearson argues that while "true croupous pneumonia is common in infants, that the primary broncho-pneumonias are in the majority of cases perfectly distinct from this, and that even those primary cases, which occasionally simulate croupous pneumonia closely, should be recognized as distinct from that disease, and should not be classified with it, but should remain in their present positions among the broncho-pneumonias."

It is an interesting and important point, but one that I have not time to-day to enter upon, though I should like when finished to show some charts which bear upon this.

Experience in going through our cases has taught me that by more attention to the history, charts, and physical signs, the number of doubtful cases would be much reduced.

Complications.—Convulsions and vomiting are frequent precursors in severe cases, and convulsions often occur in fatal cases when cyanosis is marked. I find no note of rigors, and herpes is only occasionally found.

Pleurisy is frequently found in both classes—in fact whenever any extent of consolidation takes place—and may lead to extensive adhesions. It is usually fairly amenable to treatment, but when severe adds very much to the gravity of prognosis, and often accounts for conditions of pulse, temperature and respirations of an abnormal type. When severe it is often put in a separate division under the term pleuro-pneumonia. Serous effusion to any extent is not often found, as it more frequently tends to empyema. Six of the cases had severe pleurisy, two of them proving fatal.

Empyema occurred in three cases of the lobar form, all recovering after resection of a rib. A sharp attack of pericarditis was noticed in one case that recovered, and pericardial effusion found in one case that died associated with tuberculosis. Pharyngeal abscess occurred in one case. Atelectasis or collapse of the lung proved fatal in two cases, one in an infant of four weeks old, and the other at a year old, this condition being easily brought about in infants by the obstruction to the smaller tubes.

In considering the secondary broncho-pneumonias, it is very difficult, if not impossible, in hospital cases to make out how many arise from influenza and bronchitis, but one cannot help being struck with the large number of cases associated with rickets, and also with gastro-enteric symptoms, this latter from the malnutrition it gives rise to being of serious import.

Croup was noticed as the onset of five cases, one requiring tracheotomy; recovery took place. Ten of the broncho-pneumonias were secondary to whooping cough, seven of them being three years and under, two of them died, one of one year and two months, and the other of five years. Holt in his tables gives the mortality in children under three in cases secondary to pertussis 81·8 per cent. We lost two out of these ten.

Four were secondary to measles. Of these two died, one of four years old. Measles began a week before

admission, and there was a history of an attack of pneumonia six weeks before this; extensive consolidation of both lungs was found; she died the second day in hospital. The other fatal case was a year old.

Holt gives the percentage after measles of 62.9 per cent when under three.

Other associated conditions were: enteric fever, 1; scurvy rickets, 1; tuberculosis was found in three post-mortems, and suspected in several other cases.

Broncho-pneumonia associated with diphtheria is usually put down as invariably fatal, so I would like to give a short note of two cases. One under my own care was admitted with patches of membrane on the uvula and either side of the fauces, and antitoxin was administered; the next day there was a rigor and several sharp attacks of apnoea, two days later definite signs of broncho-pneumonia appeared; she made a slow recovery. It was clinically a case of true diphtheria, but as the diphtheria bacillus was not isolated, I have to leave it as a doubtful case. The other case was under Dr. Day, and was a curious case of mixed infection.

A girl, aged $2\frac{1}{2}$, was admitted with gastro-enteric symptoms just before we had an outbreak of measles and diphtheria in the general children's ward. On the fifteenth day after admission the child had to be removed to the isolation ward with a typical measles rash, bronchitis and slight consolidation at right base. Three days later the glands of the neck were swollen, with considerable discharge from nose, marked laryngeal obstruction with cyanosis. Retraction of lower ribs and abdomen. Anti-toxin 4000 units was injected; later in the day the report was received that the diphtheria bacillus had been isolated. Tracheotomy was done the same night. During the next fortnight bronchitis was marked over both lungs, and consolidation was found at right base and apex. Albumen appeared in the urine. She made a slow recovery, but left the hospital well.

(To be continued.)

TREATMENT OF SOME OF THE COMMONER FORMS
OF UTERINE HÆMORRHAGE.*

By F. H. BODMAN, M.D.

Physician for Diseases of Women, Hahnemann Hospital, Bristol.

GENTLEMEN,—I shall not discuss the morbid anatomy of the diseases we are about to consider, as I take it for granted that you will have become well acquainted with this from other sources. Before speaking of treatment, we must first of all consider the various causes, general and local, which may account for uterine hæmorrhage, including under this term what is usually called menorrhagia, and metrorrhagia, the former being used to designate profuse or excessive discharge at the menstrual period, the latter being used to designate a discharge of blood between the periods.

The chief *general* or *constitutional* causes of uterine hæmorrhage are plethora, scrofula, tuberculosis, scurvy, purpura, hæmophilia, obstruction to portal circulation, severe icterus, cardiac disease, Bright's disease, malarial poisoning, lead poisoning, phosphorus poisoning, and finally alcoholism.

The *local* causes are metritis, endometritis, granular cervix, sub-involution, retroversion, ruptured cervix, retained products of conception. Fibroids, especially when they are submucous, polypi, cancer, ovarian disease, salpingitis, and pelvic inflammation. In young girls, or in recently married women, it may be due to active congestion of the sexual organs. In married women, it may also be the result of threatened abortion, or extra-uterine pregnancy. Some women lose almost continuously more or less blood during the early months of pregnancy, without miscarrying, and without injury to the foetus. Occasionally fœcal accumulations have been the cause of flooding.

If the hæmorrhage be recent, particularly in virgins, we may be justified in commencing treatment by giving medicines only, basing our prescription upon the totality of the symptoms present, considering the general condition of the patient, the colour and consistence of the discharge, the time of its appearance, with any local or general accompaniments; and if it be due to some constitutional

* Lecture delivered in post-graduate course at the London Homœopathic Hospital, 1904.

state, we must direct our treatment to this, and medicines chosen with this in view may suffice to cure the disease. Or the proper constitutional remedy may be given between the periods, and some locally active drug may be given during the flow.

MEDICINES FOR CONSTITUTIONAL CONDITION.

I may here indicate the medicines most likely to be called for to meet the various constitutional conditions which may give rise to uterine hæmorrhage. For *plethora*, one of the following drugs will be needed: acon., bell., ver. v., fer. p., or sabin. The question of diet and exercise must be considered and alcohol forbidden. For *scrofula* and *tuberculosis*, tuberc., calc. c., cale. p., or cale. iod., sul. iod., and ars. iod. For *obstruction to the portal circulation*, Collinson, merc., pod., hydras., chelid., nux or chin. will be required. The same medicines will be the most useful in the gouty diathesis which often accompanies hepatic disorders. The same medicines will serve for curing *icterus*. For *cardiac disease*, digit., strophanth., cact., strych., nit., or one of the snake poisons, naja. or lach. For *Bright's disease*, ars., merc., c. or pb. For *malaria*, quin., chin., ars., nat. m., ipec. or ced. For *scurvy*, lemon juice, ars., arg. n., china, phos., ac., merc., or nat. m. For *purpura*, phos., phos. ac., ars., lach., secale. For *hæmophilia*, crocus, phos., crotal, sul., ac., chin., ars.

Before considering the various pathological conditions which may cause hæmorrhage, it may be said that a large majority of cases of menorrhagia will be relieved by one of the following medicines: sab., crocus, ipec., ham., tril. or erig. c. If the woman is plethoric, having begun to menstruate early, the amount usually profuse, the discharge bright red, fluid, or mixed with clots, aggravated by the least exertion, accompanied with drawing pains from back to pubes, or with abdominal spasms, the medicine to be chosen would be *sabina*, 2x to 6x, and it should be given every one, two, or three hours, according to the urgency of the symptoms. If the discharge consists of dark, stringy, viscid blood, with black clots, aggravated by motion, and accompanied by faintness or palpitation, and sometimes by a feeling of a rolling in the abdomen, your choice would fall upon *crocus*, to be given in first dec. dil. This drug is particularly useful in young women suffering from functional menorrhagia, and in cases of passive congestion of uterus. If there

should be a profuse, continuous flow of bright red blood, or coming in gushes, accompanied with nausea, faintness or chilliness, or symptoms of dyspnoea, then *ipæcac.* would be indicated given in 1x or 2x dil. If the discharge be of dark, venous blood of a passive nature, without uterine pains, flowing chiefly during the day, accompanied by varicosis, or portal congestion, or as sometimes with a hammering headache, then you will think of *hamamelis*, 1x to 3x.

If menses come on too frequently, and last too long, with a profuse discharge of blood, at first bright red, afterwards becoming dark, or pale, aggravated by movement, sometimes accompanied by a feeling of constriction in the veins, then remember *trilium*. For active uterine hæmorrhage, especially when due to fibroids, this is a very useful drug. It may be given in 1x to 6x. In cases where the discharge is active and profuse, with bright-coloured blood, especially if accompanied with symptoms of irritation of bladder and rectum, *ol. erig. can.* is a remedy that acts promptly in arresting the flow. It is better to give it in 1x dil., 2 or 3 drops contained in gelatin capsules, to avoid the disagreeable taste.

The patient should rest in the horizontal position, with the hips raised about the level of the shoulders. If there has been much loss, it will be well as soon as the period is over to give *china* 1x for a few days. Should there appear to exist some constitutional cause, during the interval, a medicine should be given which will correct this. In severe cases the action of drugs may be assisted by the use of Chapman's spinal hot-water bag, applied to the dorsal and lumbar vertebræ, or by hot water injections of the temperature of 115 to 120° F. using Budin's tube for intra-uterine douche, with hydras., iod., adrenalin. Finally, should these remedies fail, Parke, Davis & Co.'s adrenalin in solution 1-1000 may be given in doses of 5 to 15 mins. in water, every two, three, or four hours. If the menorrhagia persists in spite of the treatment already suggested, in all probability we shall find that there is some organic disease existing which is the underlying cause of the hæmorrhage, and this will be all the more certain if hæmorrhage occurs between the periods, or if it occurs at times when the menses have ceased, as during pregnancy, or after the menopause. It is of the first importance that we should use every endeavour

to discover the diseased condition which is at the root of the trouble, otherwise we shall be working in the dark, and our efforts to cure will be unsuccessful. When we have formed our diagnosis, our treatment must be directed, not only to mitigating the effect, but to remove the cause.

Retained Membranes.—If the hæmorrhage has come on after a miscarriage or confinement, it is probably due to retained products of conception. If this be the case, it will be a waste of time to give medicines, the proper course will be to dilate the cervix, and with the finger or a suitable curette remove the retained membranes. It is best to use a blunt flushing curette, with antiseptic precautions. After curetting, pack with gauze, which may remain for two to three days. Keep the patient in bed for three or four days.

Threatened Abortion.—If the hæmorrhage be due to a threatened abortion, the first thing to do will be to enjoin perfect rest of body and mind, and to give one of the following drugs: sabina, secale, cauloph., actea, viburn. op., cham., ign. In the early months of pregnancy, if there is much crampy pain and not much discharge, give caul. 3x or viburn. op. 1x, the latter if the pain extends down the thighs. If the mental conditions are marked, give one of the following: for great sensitiveness with irritability, cham.; for depression, with vertical cep. actea; for hysterical tendency, ignat. Should there be a free discharge of bright-coloured blood, sabina. If the blood is dark and offensive, accompanied with spasmodic contraction of the uterus and pain, then give secale 6x. In some cases where the cervix is relaxed, and the os dilated, and miscarriage seems inevitable, I have known full doses of ergot brace up the uterus and prevent miscarriage. Usually secale is more frequently called for in the later months of pregnancy.

During early months of Pregnancy.—Hæmorrhage which sometimes occurs during the early months of pregnancy without threatened abortion, is probably due to some disease of the endometrium, or to a slight separation of the placenta; in these cases one of the following medicines would probably be called for: nit. ac. 2x, ham. 2x, iod. 3x, or ustilago maid. 3x.

Congestion in young girls, etc.—Sometimes, in young girls, we meet with cases of hæmorrhage due to local

congestion, probably brought on by undue sexual excitement, the same condition may arise in newly married women. I once cured a case by iodine 3x after other means had failed. We might also consult the pathogenesis of one of the following drugs: lil. tig. 6x, plat. 6, murex purp. 6x., cann. ind. 3x, or crocus 1x.

Retroversion.—If the hæmorrhage is due to retroversion, accompanied by congestion of the uterus, the first thing to do will be to reduce the congestion by hot water injections at bedtime, the introduction of tampons saturated with glycerine, to which some bellad. or hydras. may be added, these may be allowed to remain in for twenty-four hours, and renewed every day or every other day. In old-standing cases, ichthyol suppositories 5 to 10 per cent will be useful in reducing the hyperæmia and accompanying hyperplasia. The patient should rest in the recumbent posture, lying on the side, or rather in a prone position, as much as possible. The uterus should be replaced each time a tampon is inserted by placing the patient in the knee-elbow position with the hips raised as much as possible, pushing up the fundus with the finger in the vagina or rectum. At the same time we may give such medicines as sepia, lil. tig., pod., actea, nux v. or ustilago. If there is active congestion, bellad. will be called for. Should these means fail to correct the displacement, a ring pessary may be used for a time, or what is better still, a good belt; the best I know of is the Hamby Belt, sold by Messrs. Hodder & Co., Bristol. It consists of two plates applied over the sacral and pubic regions, and braced together by straps.

Sub-involution.—The hæmorrhage may be an accompaniment of sub-involution. In these cases our choice of medicines will fall upon actea, aletris, helonias, pot., iod., secale, in fairly material doses, or on sepia, lil. tig., nux and sul. in the 6x or 6c dilutions. In these cases the application of electricity will greatly expedite the cure; a copper or platinum electrode attached to the positive pole should be passed inside the uterus with a large clay electrode covering the abdomen connected to the negative pole, and a galvanic current of 25 to 100 milleamperes passed for from five to ten minutes. In cases of menorrhagia, this may be done two or three times during the week preceding the period. In metrorrhagia it may be done every three or four days. In cases of sub-involution it is sometimes

useful to alternate the galvanic with the Faradic or the high-frequency current.

Chronic Metritis, etc.—Perhaps the most common cause of hæmorrhage in women who have had children, or those past forty years of age, is chronic endometritis, or cervico-endometritis with granular erosion of cervix. In the earlier stages, if there is active hyperæmia, we should enjoin rest, with hot douches and bell., ver. v., or sabina should be selected, using tampons saturated with same drug. If the congestion is more passive, we should choose according to their symptomatology, either sec. 3x or 6x, ustil. 2x or 3x, sepia 6x, nux v. 6x, nit. ac. 2x, liq. sodæ chlor. 1-5, hydras. 1x, or arsen. 3x. Though I have mentioned ars. last in chronic conditions without active congestion, it is often the most important remedy; in some cases in which it does not cover all the symptoms we may give some other drug alternately with it. Its use should be persisted in for some weeks, using the 3x dil. or the liq. arsen. B.P. It should be specially indicated in women of cachectic appearance, with general debility, in whom the disease is accompanied with restlessness and lancinating or burning pains. Another important remedy in these chronic cases is *hydrastin*, it may be given in the form of Parke, Davis & Co.'s colourless extract of golden seal in doses of 5 to 10 drops, or trit. hydrastin 2x or 3x three times a day; a tenacious, ropy leucorrhœa with abrasion of the os uteri is often present, and if there be evidence of catarrh in other mucous membranes, with dyspepsia and imperfect action of the liver, the indication for this medicine will be established. In some chronic cases, with passive congestion of the uterus, accompanied by leucorrhœa, aching in back, bearing down feeling, and tendency to prolapse, the *liq. sodæ chloratæ* in 1x dilution, 5 drop doses, will produce rapid and decided improvement (see cases reported by Dr. Cooper, *British Journal of Homœopathy*, vol. xxxii. p. 363).

Menorrhagia at the *climacteric period* is often due to the pathological conditions we are now considering, in cases occurring at this time of life we should think of *sepia* 6x, especially if there are as accompanying symptoms sinking in pit of stomach, sense of weight and bearing down in uterus, vertical headache, constipation and yellowish sediment in urine, with flushes of heat. Dr. Ludlam has drawn attention to the value of *nit. ac.* 2x in

chronic cases of metrorrhagia where there is a passive discharge of a muco-sanguineous nature, very dark in colour, with occasional clots, and lasting a considerable time, producing a cachectic look and general debility. These symptoms he considers to be due to a destruction and desquamation of the epithelium of the mucous lining of the uterus. Such cases may occur from endometritis following miscarriage or confinement.

Secale 1x to 3x will be useful in chronic cases with more or less continuous discharge, dark, fluid, often foetid, either painless or accompanied by spasmodic contractions of uterus and bearing down pains; the woman is usually thin and cachectic looking, complains of general coldness, or feeling of being too warm without rise of temperature. In some cases with decided atony of the uterus it will be well to give material doses, 5 drops of the tinct. ergotæ ammon. or liq. ext. every two or three hours. For cases in which the discharge is foetid, comp. *kreos. Ustilago maidis* is a drug similar to *secale*, and useful in the same class of cases; it may be given in 2x or 3x trit. It would be specially indicated if the patient were suffering from alopecia or loss of hair, with signs of ovarian irritation. But in these cases, if after careful selection of drugs there is no improvement in a reasonable time, it is probable that there is an unhealthy condition of the mucous membrane which is hypertrophied and granular, or possibly covered with fungoid overgrowth. In such cases it is a waste of time to give drugs, the proper course is to use the curette and remove the unhealthy endometrium. Following this by the administration of *thlaspi* past., *hydrastin*, or *arsen*.

Lacerated Cervix.—Should a lacerated and eroded cervix be the cause of hæmorrhage, surgical measures should be adopted.

Ovarian Disease.—A frequent cause of uterine hæmorrhage is ovarian disease. The principal medicines to be considered in these cases are *lil. tig.*, *apis*, *bell.*, *bry.*, *merc. c.*, *ham.*, *plat.*, *ustil.*, or *kali brom*. Here again, if we fail after a fair trial of well selected remedies, it will be necessary to resort to surgical measures.

Salpingitis.—The same may be said as to hæmorrhage due to *salpingitis*, only that there is less chance of effecting any good by drugs, except in the acute stage before matter has formed, in the early stage the inflammation may be subdued by *bell.* or *bry.* given alternately with *merc. c.*

In other inflammatory diseases of the pelvis which may produce uterine hæmorrhage, the same remedies are available with the addition of *verat. vir.*; this or the bell. may be applied internally on tampons, while being given by mouth. Whether bell., *bry.*, or *verat. vir.* be chosen, it should be used in alternation with *merc. c.* The patient must be confined to bed. In the chronic stage *merc.*, *hep. s.*, or iodine may be used with the hope of causing resolution and absorption of the products of inflammation. This may be aided by the use of *ichthyol* in pessaries or on glycerine tampons. If pus has formed it may be necessary to remove the diseased appendages.

Neoplasms.—Among the *neoplasms* that cause hæmorrhage from the uterus are *polypi*, *fibroids*, and *malignant disease*. The most serious forms of hæmorrhage are caused by these growths. *Polypi* should be removed by torsion, the curette, snare, or *ecraseur*; it is a waste of time to treat them with medicines. After removal, and to prevent recurrence, *thuja* or *sang. nit.* should be given. *Fibroids* of the submucous or interstitial variety frequently are the cause of severe and prolonged hæmorrhage. With some of these patients we are able to effect a large amount of amelioration by the use of medicine and to carry the patient on over the menopause, only we have to remember that in such cases the climacteric may be delayed some years beyond the usual term. There are four remedies which may be of service, if not in diminishing the size of the tumour, in removing the symptoms, and so practically curing the patient. They are *calc. iodate*, *thyroidin*, *pot. iod.*, and *pot. brom.*; they should be given persistently during the intervals between the periods. *Calc. iodate* may be given three times a day in doses of $\frac{1}{3}$ to $\frac{1}{60}$ of a grain. Dr. Neatby has drawn attention to the value of this drug, and reported cases in *London Homœopathic Hospital Reports*, 1894-5, and in a paper read before the British Homœopathic Society, 1898. In the *Clinique* for January, 1898, Dr. Bailey relates his experience with *Thyroidin*, and shows that in some of the cases there was very decided improvement; his experience has been confirmed by others. It was given in the form of trituration from 1x to 3x. For checking the hæmorrhage during the periods we may give according to their indications one of the following drugs: *ham. tril.*, *vinca minor*, *thlaspi past.*, *crocus*, *ipéc.*, *secale*, *hydrastin*, or *adrenalin chloride*.

Thlaspi and hydrastis may also be used during the interval. Here again, if drugs fail, *electricity* may come to our help. There is no doubt that the galvanic current properly applied will often arrest the hæmorrhage, relieve discomfort, and in some cases cause diminution in size of the tumour. From 70 to 200 milliamperes must be passed through the tumour. To do this a large clay electrode must be applied over the abdomen; the internal electrode should be of copper, and if there is much hæmorrhage the internal electrode must be connected with the positive pole; between the periods, if there is no hæmorrhage, it may be connected with the negative pole, because this has more effect upon the tumour. Positive pole acts as a hæmostatic, the negative has a resolving effect. The application may be repeated every four or five days, for from five to ten minutes each time. It should be carried out with aseptic precautions. This is Apostoli's method, which I think has unjustly been too much neglected. It may sometimes save the patient from the more serious ordeal of hysterectomy.

Cancer.—We have now to consider the cases in which hæmorrhage is caused by *malignant disease* of the uterus. Here medicinal treatment is seldom more than palliative. If diagnosed sufficiently early, the wisest course is to recommend surgical measures. If the diagnosis is uncertain, or the patient refuses an operation, we may give *hydrastis*, *ars. iod.* or *kreos.* during the intervals, using hydrastis in pessaries on tampons internally. For *controlling* the hæmorrhage, thlaspi 6, past. ϕ or 1x, ham. hydras. or secale 1x may be given. If the discharge is profuse, it will be necessary to pack the vagina with iodoform gauze saturated with hydrastis, hamamelis, or adrenalin chloride.

Before bringing this part of my lecture to a close, let me direct your attention to a paper by Dr. Burford on "High Altitudes in the Treatment of Uterine Hæmorrhages" (*Monthly Homœopathic Review*, vol. xlvii. p. 652).

REVIEWS.

The Diseases of the Uterine Cervix. By HOMER IRVIN OSTROM, M.D., New York, Surgeon to the Metropolitan Hospital, etc., etc. Philadelphia: Boericke & Tafel, 1904.

THIS work, of 356 pages, on a limited subject, may be expected to embody all that is known in connection with the cervix

uteri, its diseases and treatment. And this we have in Dr. Ostrom's work. The whole subject is treated exhaustively, and in an able manner, such as we should expect from the author's reputation. The surgical and local treatment occupies a prominent place. The therapeutical treatment in the body of the work might have been fuller with advantage, but this is made up for by a chapter on "Therapeutics," consisting of an alphabetical list of the remedies that are useful in the treatment of cervical disease, with short indications for each, and a repertory of the leading symptoms. All the local and surgical treatment is described in the fullest detail.

We note that he recommends the administration of a dose of morphine after gynæcological operations, "to maintain mental and physical rest." In England, gynæcologists do not find it desirable or necessary to do so, as homœopathic medicines are found to be amply sufficient for this purpose, and the success in their hands is as nearly ideal as possible.

We commend Dr. Ostrom's book to all who desire to know all that is known on the subject of diseases of the uterine cervix.

Diseases of the Lungs, Bronchi, and Pleura. By H. WORTHINGTON PAIGE, M.D., Lecturer on Theory and Practice of Medicine in the New York Homœopathic Medical College and Hospital, etc., etc. Philadelphia: Boericke & Tafel, 1904.

IN the preface to this work, the author says: "This small volume is designed to be a concise text-book embodying the essential facts relating to the subjects treated." As such it will be found useful. It contains nothing original, or such as cannot be found in most good text-books on the practice of medicine, but as a help to the general practitioner, and to beginners in practice it will be appreciated. The medicines advised are given alphabetically, with concise indications for each.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session 1904-5 of the British Homœopathic Society was held at the London Homœopathic Hospital on Thursday, January 12th, 1905. Dr. James Johnstone, President, in the chair.

SPECIMENS.

The following specimens were exhibited, namely (1) Myoma of uterus removed by hysterectomy. Recovery. (Mr. A. A. Beale). (2) A microscopic section of malignant disease of the head of the pancreas. (Mr. F. A. Watkins).

DUDGEON MEMORIAL.

On the recommendation of the Council it was resolved to purchase an oil painting of the late Dr. Dudgeon, by his son-in-law, Mr. Philip Stretton, R.I., and that the remainder of the fund of two hundred and fifty guineas proposed to be raised, and not required for this purpose should be devoted to some purpose for the advancement of homœopathy, to be hereafter determined.

SECTION OF GENERAL MEDICINE AND PATHOLOGY.

Under the auspices of the Section of Medicine and Pathology, papers were read by Dr. Roberson Day, of London, and Dr. J. R. P. Lambert, of London. Dr. Day's paper was entitled *Sclerema neonatorum*, and consisted in a description of this rare disease, from the points of view of distribution, varieties, symptomatology, diagnosis, and treatment. The disease occurs almost exclusively in lying-in hospitals, and more often in Italy and France than in Great Britain or America. It consists of a true induration of the tissues of the new born, and is to be distinguished from simple œdema occurring under similar conditions. Two varieties are described, namely, fat sclerema and sclerœdema, the former consisting of solidification of the panniculus adiposus and the latter of serous infiltration of the subcutaneous tissues and of the connective tissues between the muscles. The symptoms usually come on a few days after birth, or may be later up to three and a half years, the most constant being extreme coldness and hardness, the state of "fœtus frigidus" as it has been termed. As regards treatment, Dr. Day thinks we have a remedy in apis. Cases of the malady were cited from recent literature, and also some that had been under Dr. Roberson Day's own observation.

In a discussion which followed the reading of the paper, Dr. Madden suggested thyroidin as being a likely remedy, and Dr. Alexander baryta carbonica. Other members who took part were Drs. Epps, Watkins, Stonham, Granville Hey, and Johnstone. Dr. Roberson Day replied.

In his paper Dr. Lambert submitted "A Case for Diagnosis." It was that of a young lady, aged 19, who was seized suddenly with epigastric pains followed by symptoms of appendicitis; a few days later right-sided pleurisy and obscure pulmonary

signs; later swelling developed in the lower abdomen and disappeared in a few days. There was high temperature throughout, and very severe constitutional symptoms at intervals. After eight weeks' illness patient began to expectorate foetid pus, which continued for some weeks. Complete recovery ensued.

In the course of discussion upon the case Dr. Goldsbrough considered the diagnosis as that of appendicitis, pyæmic in character from beginning to end, and that the pus travelled subperitoneally through the diaphragm to the lung. Dr. Byres Moir thought the abscess formed in the liver and was expectorated through the lung, and there might have been a separate lung abscess. Dr. Granville Hey compared this case with rapid metastatic inflammation, which frequently occurred in horses. Dr. Neatby mentioned a case of perforation of the stomach in which the symptoms were somewhat similar to Dr. Lambert's case. Dr. Lambert in reply said he had come to the conclusion his case was one of acute appendicular inflammation followed by hepatic abscess discharging through the lung.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

WINTER SESSION, 1905.*

LECTURES ON THE HOMŒOPATHIC MATERIA MEDICA.

By J. H. CLARKE, M.D., and T. G. STONHAM, M.D.

1. An *Introductory* Course of Lectures on the HOMŒOPATHIC MATERIA MEDICA will be given on *Mondays*, at 9 o'clock p.m., during the months of February, March and April, by Dr. T. G. Stonham.

2. An *Advanced* Course of Lectures on the HOMŒOPATHIC MATERIA MEDICA will be given on *Fridays*, at 9 p.m., during the months of February, March and April, by Dr. J. H. Clarke.

Medical Men and Women are invited to any or all of these Lectures.

They will be given in the *Room of the Association*, at 233a, *Regent Street, London, W.*

TRAVELLING SCHOLARSHIPS.

1. *The Dudgeon Scholarship.* The Committee are prepared to receive applications for this Scholarship, value £100, for three months' study of the Principles and Practice of Homœopathy in the State Homœopathic College in Philadelphia,

* Under the auspices of the British Homœopathic Association in conjunction with the Medical Staff of the London Homœopathic Hospital.

U.S.A. The tenure of the Scholarship will be Oct.-Dec., 1905. Candidates must be duly qualified practitioners of medicine. Further details may be obtained on application to the Secretary.

2. *The Gynæcological Scholarship of the Ladies' Committee.*—The Committee are prepared to receive applications for this Scholarship, value £70 (founded by the Ladies' Committee), for three months' study in Gynæcology and the Diseases of Children in Vienna. The tenure of this Scholarship will be May-July, 1905. Candidates must be duly qualified practitioners of medicine, and be, or become, members of the British Homœopathic Society. Further details may be obtained on application to the Secretary. Mr. F. King, 233a, Regent Street, London, W.

LEICESTER HOMŒOPATHIC COTTAGE HOSPITAL AND DISPENSARY.

THE annual meeting of the subscribers to the Leicester Homœopathic Cottage Hospital and Dispensary was held at the Town Hall December 28th. The Mayor (Councillor S. Hilton) presided, and among those present were Miss Barnes, Miss Giles, Nurse Clifton, Nurse Freda, Mr. John Milne, the Rev. W. Bishop, the Misses Salusbury, Dr. Clifton, Dr. Mason, Dr. Capper, and Miss F. E. Fullagar (hon. secretary *pro tem.*).

The Dispensary report presented by Miss Fullagar, stated that in the provident department 326 cards were issued, representing a membership of 542 members, the cards being 29 more than last year, and the members 27 more. In the non-provident department 215 cards were issued, and the members numbered 216. The total number of prescriptions dispensed was 3,327.

The second annual report of the Cottage Hospital (read by Dr. Capper) stated that during the year 1904 there had been abundant evidence of appreciation of the advantages of the hospital. Fifty-seven patients had occupied the beds, several of whom had successfully undergone serious operations, which it would have been impossible to undertake in their own homes. There were two fatal cases, one an infant suffering from broncho-pneumonia, and the other a patient who died before an operation could be performed. The object chiefly aimed at by this institution was not to supply treatment entirely gratuitously but to provide at a minimum charge skilled nursing and medical attendance to those whose means would not permit of the large fees which such treatment

in their own homes necessarily involved, and who were yet unwilling to be treated in the Infirmary at the public expense. Two objects were thus achieved, namely, a saving of public funds, and the encouragement of thrift and independence instead of pauperizing. The minimum fee charged (25s. per week) was of course quite inadequate to meet all expenses of housing, board, and nursing. They were therefore largely dependent on subscriptions, and they earnestly appealed for increased help to carry on that work of public utility. The financial position was at present causing them somewhat grave anxiety. Not only had they been compelled to utilize the whole of the reserve of £67 6s. 6d. with which they commenced the year, but in addition they had incurred a debt to the bank of over £30. Unless they had further aid they would be obliged to curtail expenses.

The Ladies' Committee reported that they were well satisfied with the whole of the nursing and work of the hospital. There were fifty-six patients from December 1st, 1903, to November 30th, 1904, and the housekeeping expenses amounted to £241 12s. 10d.

The hon. treasurer's report stated that the expenses amounted to £413 14s. 8d., and there was a deficiency of £103 13s. 3d. They commenced the year with a balance in hand of £67 6s. 6d., and now there was a bank overdraft of £36 6s. 9d.

The Mayor, in moving the adoption of the report, said that the institution had done good work in the past, but financially seemed to be on the down grade, which was of course a very great pity. It appeared to him that the institution ought to be placed on a better financial basis than it was at present.

Dr. Clifton seconded, and said that the Dispensary had done better than ever before. The number of patients had increased, and the receipts had increased in the same proportion. Unfortunately, the secretary had been taken ill just before the meeting was called, so the definite financial statement could not be presented until the next monthly meeting. They were very much indebted to the Mayor for taking the chair that afternoon, because it was important that those public institutions should be recognized by those in official positions. They would be only too pleased to welcome the Mayor or Mayoress as visitors to the institution, and occasional visits by members of the public would also be welcomed. During the past year they had had an abnormal number of serious operations costing in themselves three times what the patients paid. They had also had a great many poor patients. It was a most important thing

that these sort of private hospitals should be encouraged, and he hoped more subscriptions would be forthcoming, so that the expenses would not have to be curtailed.

The resolution was carried.

The following officers were elected : President, the Earl of Dysart ; vice-president, Mr. A. Baines, J.P. ; patrons, Lady Adams and the Mayor of Leicester ; committee, Miss Fullagar, Rev. W. Bishop, Rev. W. Evans, Messrs. A. Kemp, W. H. Dixon, A. Pickard, W. H. E. St. Dalmas, W. L. Salusbury, A. C. Wates, and G. Wheeler ; hon. secretary *pro tem.*, Miss F. E. Fullagar ; hon. financial secretary, Mr. John Milne ; hon. consulting physician, Dr. D. Dyce Brown, London ; hon. consulting surgeons, Dr. G. Burford and Mr. Dudley Wright, London ; medical officers, Dr. George Clifton (hon. consulting physician), Dr. Henry Mason, and Dr. Edmund Capper ; chemist, Mr. S. F. Burford.

Ladies' Committee : Mrs. Clifton (president), Mrs. Alexander Baines, Miss S. M. Ellis, Miss Fullagar, Mrs. Mason, Mrs. C. E. Robinson, Miss Rokeby, Mrs. St. Dalmas, Miss D. Salusbury, the superintendent nurse, and Miss Salusbury (hon. secretary).—*Leicester Evening News*, Dec. 29th.

In the same paper the following appears under the heading of "Local Echoes." We are always glad to see such special notices in the daily press over and above the mere report. It shows the public appreciation of this valuable institution. In fact the report is headed in large capitals "Valuable Institution" :—

"The financial position of the Leicester Homœopathic Cottage Hospital, as revealed at the annual meeting yesterday, when the Mayor presided, is a matter for serious consideration. The working expenses for the year show a deficiency of £103, and there is now a bank overdraft of £36. Hence, then, we are warned that unless further subscriptions are forthcoming the excellent work which has been carried on will have to be curtailed. This, of course, would be a great pity, as the institution has been able, at a moderate cost to the patients, to provide good nursing and proper medical attendance which have been needed by those who, while objecting to pauperization, are unable to pay the large fees and expenses which the serious nature of their ailments would demand, especially in cases where operations are necessary."

THE BERLIN HOMŒOPATHIC HOSPITAL.

THE following additional details concerning the recently opened hospital may be of interest to our readers. The



hospital is situated in the suburb of Gross Lichterfeld, and in which is also placed the great School for Cadets. The building, standing on a plot of about 10 acres, covering an area of 1200 square metres (1433 square yards), and comprises basement, ground floor, upper floors, and *mansarde* roof, and contains fifty beds. Besides the wards there are also two operating rooms, the residences of the house-physician and of the *personnel* of the hospital; a laboratory, dispensary, waiting rooms, etc. The price paid for the ground was £10,000, and was provided, for the most part, by the Wiesecke Fund; the cost of the building alone was £17,500. May its presence serve to show the Berliners that homœopathy is still very much alive!—*Allg. Homœop. Ztg.*, Jan. 1905, p. 14.

THE NEW TRANSFUSION APPARATUS.

WE are glad to know that this new instrument, and particularly the form used for subcutaneous transfusion, is, according to the makers, finding favour with the profession, quite outside the limits of our own school. Besides the description in our issue of February last year, articles have since appeared in the columns of the *Lancet*, the *Practitioner*, and the *British Medical Journal*. Homœopathy gave the sphygmograph to the profession; we hope that the new transfusion apparatus will be of similar world-wide value.

DR. KIDD ON APPENDICITIS.

IN the January number of the *Nineteenth Century and After* there is a paper by our venerable colleague, Dr. Joseph Kidd, entitled, "The Cause and Prevention of Appendicitis from a physician's point of view." He states that "with a large experience (upwards of half a century) of London practice, I can testify that this disease was very infrequent until about twenty years ago," and in a note he quotes the *Lancet* of 1884 as saying that "The late Dr. S. Fenwick states that during a period of forty years only nineteen cases of 'diseased appendix' were recorded in the post-mortem registers of the London Hospital."

It is well that Dr. Kidd adds his testimony to the fact that about twenty years ago the disease was very infrequent. We remember in our young days the same thing. Cases of typhlitis, now called appendicitis, occurred occasionally, but not with the appalling frequency of the last ten years. We have seen it stated that this relative frequency was only apparent, and that the physicians and surgeons of thirty or

forty years ago simply did not recognize or diagnose the disease. Such a slur on the profession of that date is too egregious to entertain for a moment. The men of that day were as careful and keen observers as those of the present day, and to suppose that they could have omitted to recognize such a well-marked disease is really too absurd to discuss. For some reason, or reasons, the disease occurs at the present time with a frequency which was quite unknown twenty or thirty years ago.

What the causes are for this has been the subject of many published papers and discussions. It seems nearly certain that the essential cause must lie with the dietary or general treatment of the digestive process by people of this age. This question we do not propose to discuss fully, and we only allude to it *apropos* of Dr. Kidd's paper, and his views. He lays great stress on the comparatively recent and extensive use of aperient waters, aperient salts, and liver pills. And we are quite in agreement with him in thinking that this reprehensible but popular practice is one chief cause, if not *the* chief one, of the prevalence of appendicitis.

We quote the following interesting passage: "Fifty years ago England was awakening from the 'blue pill' and 'black draught' of Abernethy, and people were beginning to discontinue the use of purgatives. Priessnitz had taught what a tumbling of simple cold water in the early morning could do to throw aside the 'blue pill' and black draught' régime. But this happy era of health management was burst in upon about twenty-five years ago by the introduction of Hungarian waters, aperient salts, and liver pills; thousands began to dose themselves, and, sad to say, continue to do so to this day.

"It is natural to ask, What have aperient waters and salts to do with appendicitis? To that a very true answer is that the action of saline purgatives is to cause a flow of water from the intestinal canal. This passes off quickly; but alas! it leaves the solid portions to accumulate in the cæcum at the right side, near the appendix, where the small intestine ends and the large one commences. The solid portions left in the colon become more and more putrid, cause obstruction, and affect the appendix. Peritonitis follows, with extreme danger to life.

"In health, when nature is not hindered from doing her ordinary work, the food, after mastication, has to pass out of the stomach through the first door (the pylorus), which stays its progress for some hours. Nature is not impatient; that is, she waits and works slowly, and rebels if ill-masticated fragments try to get through. In the first portion of the

intestine (the duodenum) the bile and pancreatic secretion work on the food to soften it yet more. All through the twenty feet of the small intestine the food is still further softened, till it slowly reaches the colon on the right side (the cæcum), which arrests it for a time. Here nature pours out abundant *succus entericus* to finish the digestion, and thick, slimy mucus to help it slowly onwards through the fifty-four inches of the colon. Now comes in the danger of aperient salts and waters—to hurry on the watery portion and leave the undigested *debris* to accumulate and putrefy in the cæcum, and become the prey of bacterial infection, causing peritonitis and appendicitis." When Dr. Kidd speaks of means to prevent appendicitis, he says, "(3) Avoid aperient salts, waters, or pills. Far better to let nature do her own work, undisturbed by purgatives of any sort. The doctors may find it necessary to order an aperient for a sick person, but the use of the aperient ought gradually to cease and not become a habit. With patience and diet management nature may be allowed unhindered to resume her ordinary habit of health, a slow, gradual process. Patience is the opposite of that impatience which cannot wait. Alas! it is the rarest thing in the present day to find any one waiting for the healthy and slow working of nature; all impatient for quick results, in haste to disturb the healthy progress (slow and sure) of normal digestion."

We congratulate Dr. Kidd on the remarkable vigor and energy for his advanced years which he displays, and we should be glad to see further contributions from his pen, embodying the results of his practice of "upwards of half a century."

BELLADONNA IN BABYDOM.

By BENJ. F. BAILEY, M.D., Lincoln, Neb.

I THINK the use of belladonna in babydom may be very clear-cut, so that one need hardly err in its prescription. It is, however, frequently used when aconite or antispasmodic remedies are indicated. On the other hand, I believe aconite is frequently used in this section of the country when belladonna is indicated. The indications for belladonna are usually found in sturdy, hardy children who are full of health, who enjoy life, who are delightful children to have about because of the wholesomeness of their physical and mental conditions. But when attacked by illness, the normal amount of blood being present, and, in fact, a possible inclination to plethora, there is an immediate congestion of the central nerve system,

a rapid elevation of temperature, an excessive irritability of fibre and frequent tendency to delirium.

In aconite you find, perchance, these symptoms, but they are accompanied by a marked burning and dryness of the skin. And yet with the sthenic character of the aconite fever, nevertheless there is a touch of the asthenic, so that there is a more positive involvement of the tissue in aconite, in other words, an actual involvement, whereas in belladonna it is more a congestion.

The pains of belladonna come quickly, seem impossible to stand, are accompanied with much fretfulness or irritability, and when relieved go as quickly as they come. The pupils show characteristic symptoms of belladonna, as dilatation. The cerebral symptoms are always marked. The temperature is usually rapidly high, but presenting that peculiar characteristic, a high temperature with a moist skin. If one places the hand on the child's body under the clothing, the body is moist and seems almost to steam. This is an especially characteristic symptom, and in fevers it distinguishes belladonna from any other remedy. The pain in the head will be active and throbbing. You remember that it is often said of belladonna that the patient is sleepy but cannot sleep, and this condition you will often find. He seems to be sleepy and drowsy and yet ready to jump at the least disturbance or increase of pain, and does not get restful, quiet sleep.

These are the children in whom you often find convulsions from every slight, feverish temperature, simply because of the acute, positive congestion of the brain. These are the children who are afflicted with night-horrors upon the least elevation of temperature, or on having played too long out of doors on a cold, wintry, windy day. In other words, acute, sharp congestion of the head in little plethoric patients is usually cut short by belladonna, or if it is not cut short by belladonna immediately this ceases to be the remedy when it goes on to actual involvement with exudations.

Further than this, we may remember that it is a good probability that the action of aconite is in a subtle way through the sympathetic system, whereas belladonna seems to act primarily through its acute congestion of the cerebro-spinal system. Thus, in cerebral affections of children, and in the cerebral symptomatology of fevers of children, belladonna is indicated only in those that are the result of asthenic congestion, and it ceases to be indicated just as soon as stupor or other symptoms indicated in blood changes appear.

There is one exception in the indications of belladonna to the prevailing red face, and this exception is an irritation of the brain that sometimes occurs during dentition and during

enteric affections. In these affections the face may be pale. There is an evident irritation of the brain, however, at the same time that there is an irritation of the abdominal organs, but the irritation of the brain is probably meningeal in character and surface congestion is not marked.

In the beginning of abscesses of any part, with beating, throbbing and intense pain, belladonna may be indicated, to give way, however, to *hepar* or *mercurius* as soon as pus tends to form.

In throat affections of children, belladonna in certain ways shows a striking resemblance to *mercurius protoiodide*, but lacks the lateness of the disease and the depth of the attack. The redness of the throat is diffuse, bright, and inclines to involve the right side, moving to the left. *Mercuric protoiodide* has these same characteristics but with a later stage and tendency to follicular ulceration or suppuration, and presents with it the yellow tongue, heavily coated and tending to be puffed and showing indentations of the teeth, instead of the belladonna tongue, which is much less heavily coated, whitish in character, and inclined to show its red papillæ, giving it the old name of the "strawberry tongue." If given in the very early stages of a follicular tonsillitis or of a suppurative throat (quinsy), belladonna may cut the disease short, but unless it does this promptly it ceases to be the indicated remedy, and it is never the properly indicated remedy in diphtheritic conditions after exudation appears in the throat.

Belladonna is probably repeatedly abused in scarlet fever, given in a routine way and without proper indications. It should never be given in scarlet fever unless the throat and the eruptions are of a bright diffuse hue. There is no tendency to the punctate eruption in belladonna. It is true that in this typical character of eruption in the throat with the hyperpyrexia and constant stupor we may have belladonna indicated, but this is where, mark, this stupor is due to the acute and excessive congestion of the nerve centres and not to the condition which may obtain later, the septic condition of the blood; but even in this stupor it is a keynote that the patient is always delirious, twitching and jumping, and never lies passive. These cases should be well studied, for there is no disease in which homœopathy has done more or in which its possibilities are greater than in scarlet fever if we are fortunate enough to apply the indicated remedy.

In case of failure of belladonna with this symptomatology there are two remedies to be especially thought of, remedies, too, which I think are rarely prescribed by physicians, but which, if properly indicated, work wonderful results, and

these are sulphur, where in spite of the apparent indications and the exhibition of belladonna, the patient fails to improve, the fever remains high and eruption probably a trifle incomplete; and calcaria phosphorica, where, perhaps, there is a slight alleviation with the coming out of the full eruption, but with almost immediate exacerbations and hyperpyrexia, accompanied by a tendency to an early fading of the eruption and scantiness in the action of the kidneys.

In children belladonna is indicated in enteric troubles, in dysentery, the discharges being slimy and bloody with apparent great pain in the abdomen, coming and going suddenly and causing the child to bend backwards, almost opposite to colocynth. These attacks are almost always the result of warm days, cold nights, improperly protected abdomen and consequent chill. This pain is probably due to an acute congestion of the mucous membrane of the intestine, resultant change in secretions and a consequent irregular peristaltic action. The inclination of the child to throw himself backwards causes a tension followed by a relaxation of this irregular peristaltic action, and hence temporary relief, whereas in colocynth the doubling up position, which is such a favourite one, is undoubtedly due to the fact that steady pressure aids in favouring peristaltic action where there is inclined to be entire cessation of it in the lower part of the ileum.

Let me urge once more that it is altogether probable that belladonna is a very properly indicated remedy in our climate, that gelsemium is another, ferrum phosphoricum another, and that aconite is rarely indicated in the character of affections that we find in the Central West.—*Medical Century*, Dec.

A SILICEA CASE.

By J. H. Cook, M.D., New Carlisle, Ohio.

MR. Q., farmer, aged about 35 years, of good family and healthy appearance, noticed an enlargement over the 8th rib on the right side two years ago, but as it did not pain him he paid no attention to it. Six months later, it continuing to enlarge, he consulted Dr. D—, who had him poultice it, and it soon opened, discharging considerable pus. After being open it refused to heal, and he consulted Dr. S—, who treated the abscess for six months by probing, douching, strapping, etc., but without any constitutional treatment. Obtaining no relief, and seeing no change in conditions, he asked for a candid statement from Dr. S—, who replied that absolutely nothing would help him but to go to a hospital

and have the rib scraped or resected. Under these circumstances and with the consent of Dr. S—— he came to me. I found I could readily introduce a good sized probe four inches along the upper border of the rib, and easily feel the rough and necrosed bone. A thin sanguinated pus continually exuded from the sore, and the edges looked blue and pouting. Believing that I had a fistulous tract due to necrosed bone to deal with, I assured him I could cure him in four months without any operation. I gave silicea 3x, a powder, four times a day. Soon the discharge became less, and the orifice took on a more healthy appearance, and so continued until two days before the fourth month was up the wound was entirely healed and has so remained for the last year. No local treatment of any kind was used, and silicea was continued throughout.—*Medical Century*, Dec.

ADRENALIN IN THE TREATMENT OF GLYCOSURIA.

In a large number of cases of glycosuria, extending over at least four or five years, I have used the second decimal trituration of adrenal extract. Even in the more advanced stages it has removed the sugar, and also the evidences of acetone and of diacetic acid, resulting in the rallying of the patients and the prolongation of their lives. I have yet to meet with a case in which sugar was persistent in the urine after one week's use of the drug. Three-grain powders of the second decimal trituration, or occasionally of the third decimal, were given every four hours. In its action it has presented to me some of the most marvellous results that have ever come to me in long years of practice. This is the statement made by Dr. B. F. Bailey in August *Progress*. It would seem as if such a statement as this from such a source would be of the greatest interest to every reader of *Retrospect*. Let us have confirmations as they occur.—*Hahnemannian Monthly*, Oct.

ANTIMONIUM TARTARICUM.

EVERYTHING seems to centre about the stomach. Indeed, this feature is so strong that the homœopath hesitates to give ant.-t. when nausea is absent. Another marked feature is a paretic condition of the chest; this allows exudation to accumulate in the bronchi because there is an inability to cough up anything on account of this partial paralysis. This chest trouble is present, even when the patient is sick with other complaints.

There is great rattling in trachea and chest. The breathing is abdominal on account of the paresis of the lungs. The abdomen heaves and sinks like that seen in dying persons sometimes. In pneumonia, whooping-cough, and bronchitis there is difficult breathing with loud rattling in chest and trachea, and in many cases can be heard across the room. You think if he would cough a little he would get the mucus up; he does cough, but nothing comes up, on account of the parietic condition of the respiratory muscles. Hence he uses the abdominal muscles in breathing, to make up for the loss sustained by the weakness of the chest muscles. The cough is so feeble that when you hear it you feel inclined to help him by coughing vigorously yourself. His face is drawn and cold; nostrils dilated and sooty on the inside. With this there is nausea; he is more likely to get up a little mucus when he vomits than when he coughs. Now this state is hardly one you would expect in the first days of bronchitis, etc., but one that would come about after several days of sickness, when there is threatened paresis of lungs, with carbonic acid gas poisoning. The cough is worse at 11 p.m., toward morning; after eating; from getting angry, and getting warm in bed: relieved by sitting upright. With all this there must be present the generalities of this remedy. *The American Physician*, June.

CURE OF A CASE OF CONSTIPATION OF TWENTY YEARS' STANDING.*

By DR. STAUFFER, Munich.

PROFESSOR K., 61 years of age, has been suffering from habitual constipation for about twenty years. In the year 1895 there was an obstruction of the stool which is said to have lasted for thirty-five days, and was only finally relieved by digital manipulation and unnumbered lavements of oil; all imaginable purgatives, clysters, as also massage, electricity and hydropathic measures, as well as the various springs, had been tried. In his early twenties he had a case of hives—cured with *mercury*. When about 25 years old he had malaria; later on twice abdominal typhoid fever. I have known no patient who has given himself up with equal trustfulness and perseverance to medical treatment. He always remained for one or two years under the treatment of the same physician, before looking for help elsewhere. His firm character may

* Translated for the *Homœopathic Recorder*, from the *Allg. Hom. Zeit.*, August 25, 1904.

further appear from the fact that this highly cultured gentleman was always treated by the "purely scientific" school, and that he came to me full of prejudice against homœopathy. I took up his treatment after he had been treated immediately before for a full year by one of the first specialists in diseases of the stomach and intestines, by whom he had been daily treated with massage and electricity. The essential nature of the disease had never been clearly made out, so that, exceptionally, he had no diagnosis to furnish me. The severe previous diseases, the massive doses of medicines used, etc., had wrought such a confusion that a "purely scientific" treatment would have required some fifteen to twenty remedies to be compounded together at one time to combat all his symptoms.

Nov. 24th, 1902.—Status: The leading symptom is *constipation*. A stool can only be obtained by the use of bitter-water, and simultaneous lavements of one to two quarts of soap-suds. At night there would be repeated *urging to stool without result*, with great pains in the abdomen. Much *flatulence*. Occasional bleeding from the *hemorrhoidal knots*. Itching of the anus. Every evening at half-past five there is a contraction of the abdomen, now here, now there; the pains increase up to the most violent colic. At the height of the attack, there is nausea, salivation, retching and *vomiting* of bitter green mucus and bile, often with remnants of the *ingesta*; then relief. Much sour eructation, *heartburn*. There is no appetite at all; early in the morning especially there is a bitter taste. Aversion to *bread and meat*, with occasional *voracious hunger*, but a sensation of fulness, aversion, and heartburn *after the first morsels* are eaten. Afraid of every heavy article of food, with the idea that it would cause great ailments and pain. *Insomnia*, he can usually only get to sleep early in the morning; *tired and wretched feeling in the morning*. Oppressed, despondent and *melancholy* in mind, averse to being alone; at the same time *irritable* and *passionate*; all the symptoms worse after getting vexed. His ability to work has much suffered through his long-continued illness, he complains of *weakness of memory*, but only occasionally.

The urine shows no albumin nor sugar, but there is frequent *urging to urinate*; the urine clings to the vessel and smells strongly, it has frequently contained *sand and grit*.

The complexion is *yellow*, the eyes are sunken in with dark rings around them; some smaller and larger brown spots in the face, especially about the cheeks and the temples. Emaciation attended with a distended abdomen, thin legs, and a very flabby skin. Emphysema of the lungs. *At every cold there*

is a tendency to bronchial catarrh. Heart action is good. The abdomen is much distended and very sensitive in the hepatic region and on the left side in the region of the descending colon. The liver is too large by two fingers' breadth, with a dull edge, harder than normal and sensitive to pressure. In the whole of the left side of the abdomen there is resistance, doughy as from a large thick sausage, painful on pressure. The patient states that for years he has felt an extended swelling toward the hip bone, and from this swelling the pains mostly originate. This swelling could not be easily distinguished while the patient was lying down, but only while he was standing; when pressed upon it was not momentarily sensitive. The inguinal glands on the left side were as large as beans.

There could be no doubt as to the remedy to be selected. The patient received *lycopodium* 30 D. ten drops in a tumblerful of water, to be emptied during the night. Then he should pause a few days, using no laxative, except when necessary a lavement of warm water. Diet as before.

Dec. 1st, 1902.—The colicky pain still returns at 5.30 p.m., but is not so violent; the pain now is localized inferiorly on the left side of the abdomen, it is more burning, there is numbness there and great weariness. The nights are very bad, he has to go to stool six or eight times, the discharge being spontaneous; a little thin, pappy, foetid old stool being discharged. Vomiting has ceased, there is no appetite, the tongue is coated white. Heartburn. Violent urging to urinate; the urine is discharged drop by drop, burning. The urine is dark, with a sediment. Enuresis toward morning. Prescription, *lycopodium* 30 D. one dose early in the morning, then a pause.

Dec. 8th, 1902.—Improvement. There has been no pain during the last days. The stools are still frequent, but more copious. The secretion of urine is less painful and more copious. There has not been any more enuresis. An examination showed that the region about the colon descendens was more empty; the flatulence is less, the liver less sensitive but it remains swollen. The swelling above the hip-bone may now be felt very plainly. It is somewhat thicker than a thumb, and is about eight inches long, of a serpentine course, freely movable; when lying down, it falls back, when it is followed upward it is seen to connect with the movable, sunken kidney. When the kidney is slowly pushed upward the serpentine swelling stretches out. It thus became manifest that there was a loose kidney, and the swelling noticed was a thickened ureter. This was troublesome only occasionally, and as it seemed to me, only when the intestines were full and

caused a bent in the serpentine ureter with congestion in the basin of the kidney. Later on I showed the patient how to push up the sunken kidney, and then he was easily able to relieve and remove the pains appearing in that region.

Dec. 15th, 1902. Improvement. The stool is non-spontaneous, every day two or three times; the stools are large masses of fæces, of a partially solid consistency. No more colic. Sleep very good, his strength increases. The appetite is excellent; he can now, without the least discomfort, partake of food which he had not dared to look at for ten years; *lycopodium* 30 D., one dose in the morning before breakfast.

Dec. 22nd, 1902.—Further progress; no more ailments. Sleep and stool are normal. Has eaten saur-kraut and liver-dumplings without any ill-effects, and he drinks his glass of beer, which he has not been able to do for years. He goes out into society and enjoys life again as he has not been able to do for a long time previous.

Dec. 29th, 1902.—Occasionally there is still an urging to micturition and defective urination; often he has to wait quite a while before the urine is discharged; the urine has a slimy sediment. Hypertrophy of the prostate gland: *sabal ser.* 1.

Jan. 4th, 1903.—Improvement in the urinary troubles. The general condition is excellent and it continued so. In the summer of 1903 there was a violent attack of gall-stone colic, which yielded to *berberis* 6 and *atropin sulph.* 3. For the enlargement of the prostate glands *pulsatilla* 6 D. was given for some time, and later on *acid. picric* 6 D., and it continues in a tolerable condition. About once in two weeks a dose of *lycopod.* 30 is interposed, and under this treatment the patient feels well to this day, travelling about and drinking as he feels inclined.

If we now examine this case as to its chief features, we find besides the lues (*lycopodium* is an antidote in chronic poisoning with *mercury*), two attacks of typhoid fever passed through; and this doubtlessly left behind cicatrices in the intestines, which caused his tendency to constipation. This was combated with all manner of laxatives, producing a sort of paralysis of the intestines. The products of decomposition in the intestines, the intestinal poisons, reached the liver through the system of the mesenteric vein, causing irritation of the liver and swelling of the same, also congestion of the bile and thus indirectly a defective digestion in the duodenum (not to mention the formation of gall stones). How then could the stomach under such conditions properly perform its functions, and how could there be appetite and digestion in

the stomach? He had no desire for anything, and in time became catarrhic, with eructation, heartburn and an excess of acid in the stomach. A further consequence of the congestion in the mesenteric vein showed itself in the hæmorrhoids, the hæmorrhages from the anus, and probably also the hypertrophy of the prostatic gland, and its consequence, the disturbed function of the bladder. The movable kidney and the enlargement (?) of the ureter I consider to be an independent matter. But the mental and psychical disturbances are probably to be explained as secondary effects of the defective function of the abdominal organs, especially also of the liver; the emaciation also, which was soon removed after the digestion again became regular, is also to be ascribed to that cause. The thread might be spun out further, but this will suffice.

The choice of remedy was simple: liver-spots, yellow complexion, with rings around the eyes, depression of mind, with irritableness, increased by anger; acidity in the stomach and bitter eructations, voracity and instant satisfaction and sensation of fulness on eating; colic, swelling of the liver, constipation of the most severe kind, hæmorrhoids, sand and grit in the urine, urging to urinate, with ineffective urging to stool—all this was sufficient to plainly indicate *lycopodium*. In such a case I consider it of more importance to diagnose the remedy than to diagnose the disease. It is of more use; though there is a double satisfaction in finding out also in a "purely scientific" manner the actual cause of the disease.

The high potency of *lycopodium* was used, because experience has shown that this remedy acts better and more permanently in the higher dilutions; then, also, I was at once convinced that this remedy was the right one, and where this is the case, the homœopath may safely take the higher potency, which will effect more than the lower ones. Finally, the result also shows the efficiency of high potencies, which I do not, however, use exclusively, and whoever will not concede their effectiveness in this case must be afflicted with blindness.—*Homœopathic Recorder*, Oct. 1904.

HERPES ZOSTER MASKING CHRONIC CATARRHAL APPENDICITIS.

By H. F. BIGGAR, M.D., Cleveland, Ohio.

HERPES ZOSTER in patients of advanced age has, to the writer, proved formidable. It usually happens in persons of enfeebled constitution, complicated with neuralgia of chronic neuritis, and in some cases the pathological disturbance is in a ganglion of the posterior root of the spinal nerves. If it appears on the chest it follows the course of the intercostal

nerves, and may be mistaken for pleurisy. If it appears over the liver the posterior root of the nerves are the foci, and its location may be mistaken for serious liver difficulties.

The following anomalous clinical case was very obstinate and perplexing, and at the same time interesting and instructive, especially as to determining the locality of the pathological disturbance, and it was only after weeks of observation and treatment that the real condition was revealed, and then only after an exploratory incision of the abdomen.

Mrs. B—, æt. 55, general health not very robust. Ten years ago the writer removed a fibrous tumour from the rectum, from which recovery was complete. For the past few years has suffered more or less pain in the left ovarian region, simulating congestion of the ovary. Last February herpes zoster appeared on the right side over the liver, and for a few days at the beginning of the attack was under the care of a neighbouring physician. When the writer was called the following conditions presented: eruption on right side between the 7th and 9th ribs in mid-clavicular line; the suffering at eruption was intense, and very severe on deep palpation, the stomach was much disturbed, large quantities of gases were eructated, intestinal indigestion very pronounced, and bowels severely constipated. At the first visit I fortunately told the patient that her sickness would be prolonged, for her symptoms were unusually severe. The usual remedies and applications were resorted to for fourteen weeks, during which time her condition was variable, and from the symptoms, became suspicious of an abscess of the liver, which were apparent fluctuation on palpation between the 8th and 9th ribs, deep-seated pain in the liver, and the blood count which was found to be 11,500. The patient was taken to Lakeside Hospital, where hot poultices of flaxseed were applied, and within forty-eight hours, to the surprise of all, the blood count was normal. The pain over the liver was not constant, but greatly aggravated by pressure. At times was jaundiced, urine dark, fæces light, with liver spots on the body.

Consultation was held, the consultant deciding that the severe pain was neurotic, as is sometimes associated with herpes zoster. The X-ray was resorted to as adjuvant treatment with some slight benefit. The locality of the pain now suddenly changed from the liver to a point midway between the umbilicus and cartilage of the 9th rib, where the gall bladder is usually found, and by palpation the gall bladder appeared to be involved. The patient readily consented to an exploratory operation, which revealed a normal gall bladder, except that it was displaced upward, and a normal liver, but a mass of adhesions were found in the region of the

gall bladder, and in the centre of the mass was a catarrhally inflamed appendix, displaced upwards about eight inches. The adhesions were broken up, and the appendix removed. The patient recovered nicely from the operation, and from that time there was a gradual improvement of all the complicated conditions.

The medication previous to the operation, for the eruption, was *rhus*, *arsenicum*, *belladonna*, *mercurius corrosivus*, *lycopodium*, and *nux vomica*, as seemed to be indicated, with an external solution of *cantharis*, and for the intense pain painting the vesicles with the oleate of morphia, 8 grains, and vasogen, $\frac{1}{2}$ an ounce.

Hughes says that *mezereum* is valuable for the pain and the itching, also *apis*, *ranunculus*, *cistus* and *dolichos pruriens*. There are three prominent symptoms which assist in the diagnosis, when in doubt, whether it is the gall bladder, or the appendix, or a renal calculus that is involved, and are as follows: When the pain extends from a point midway between the umbilicus to the inferior angle of the right scapula the gall bladder is very likely to be involved; when the pain extends from "McBurney's point" to a point a little superior to the umbilicus the appendix is involved, and when the pain extends from the kidney down the genito-crural nerve expect a renal calculus. It is difficult to differentiate between some of the diseases of the gall bladder and those of the pancreas when there presents a similarity of symptoms. If in doubt have the *fæces* carefully examined, and if the neutral fats are found to exceed 75 per cent of the amount taken per mouth, it is strong evidence that the pancreas is involved. To know accurately, the amount in milk or other forms of food taken should be accurately noted. The definite quantity of fats given should be known, so that the amount of fatty acids and neutral fats in the stools may be determined. It must not be forgotten that the excess of fats in the stools may possibly be due to the poor fat absorption from the absence of bile. The 75 per cent of neutral fats found in the stools, while only presumptive evidence, should be carefully considered.

In this patient for four or five years the pain was in the left ovarian region; since the removal of the appendix this pain has subsided, which the writer cannot satisfactorily explain. How frequently in ovarian diseases is the pain on the opposite side from the diseased organ, and when the diseased ovary is removed the pain subsides. Is it not also true that occasionally though the appendix may be normal in position the pain is in the sigmoid locality; it is stated by a rectal specialist that a full sigmoid extends over to the right side; if so, it may afford a solution of the question.—*Medical Century*, Dec.

DIFFERENT POINTS OF VIEW.

THERE is nothing so good for a man as the mental jolts he gets when he reads an opinion at variance with his own. We all tend to become narrow through our natural limitations. To hear another man argue from a different standpoint prevents us from settling into the complacent certainty that we are infallible. We listen, we compare, we broaden insensibly.

That is, the big man does. The little fellow gets mad and "acts vicious" whenever he reads something which does not agree with his ideas. The little man is positive that those who think differently are fools or knaves. He proceeds to call names, throw mud, and in divers ways deride and villify men who are just as much entitled to their opinions as he is to his.

We should make no progress if all men thought alike. It is because we do look at things differently that mankind is able to retrieve its errors and improve upon its methods. To be self-satisfied means that we cannot learn our lesson, that life has no special meaning or opportunity for us. We lose our chance for growth and development when we refuse to give the other fellow a hearing.

When the small, narrow man wants to impose his limitations upon others, and prevent their advancement because he is ambitious to be considered a leader, he becomes an active enemy to progress, an obstructionist; with what degree of success depends upon the extent to which he can control and regulate his fellow men through their fears, their credulity, their indifference.

The independent thinker, the man of progressive mind, the positive nature, cannot be ranged by any leader, either in politics, religion or medicine. He is not going to subscribe to any sort of code, doctrine, or agreement which will limit his mental freedom, and constrain his acts. He wants to be in a position to judge for himself, and to change his opinion as often as he finds cause. He wants to be free to make a stand for what he believes is right, and to act on his own responsibility. He does not want to be held up by self-constituted authorities and would-be leaders, as giving aid and counsel to the enemy because he goes outside of the prescribed boundaries of pathies and fads in his search for knowledge.

Different points of view are as essential to the proper nourishment and growth of the mind as a varied diet to our physical well-being. The genuine nature has the touchstone of truth, and can only be helped, *never harmed*, by reading all sides of every question.—Editorial in the *Medical Brief*, May.

CHICAGO.

WE learn with interest and pleasure that the Hahnemann Medical College of Chicago and the Chicago Homœopathic Medical College have united into one. Thirty years ago certain members of the staff of the Hahnemann Medical College separated from their colleagues and set up a rival Institution. They have again united, and the old name of the Hahnemann Medical College is to be retained for the united Institution. We congratulate our Chicago colleagues on this sound step.

ESERIN IN POST-OPERATIVE INTESTINAL
PARALYSIS.

By THEODORE J. GRAMM, M.D., Philadelphia.

THE condition of threatened or existing post-operative intestinal paralysis is one of such serious import in abdominal section cases that operators have long ago learned to dread the symptoms of its advent. They have also learned that its occurrence cannot always be predicted from the character of the case subjected to operation, for this dangerous condition may arise in certain cases in which the pathological lesion is not nearly so serious as in other cases which recovered. The surgeon, therefore, is concerned for his abdominal section cases until the day has arrived upon which the patient's bowels are usually moved, and until that result has been successfully accomplished; for with this evidence of the restoration of the intestinal function we know that the immediate dangers from the operation have largely been successfully overcome. The desire to attain this first step in successful after treatment has suggested a number of methods of procedure, and has also led to some diversity of opinion as to the choice of the cathartic drug. This idea of early post-operative catharsis, particularly by means of salines, rests, I believe, upon the suggestion of Lawson Tait respecting the stimulation of the absorptive powers of the peritoneum by catharsis; thus will not only infection within the peritoneal cavity be limited, but the action of the bowels will also be early restored, accompanied by all the good results which naturally follow. The time when the cathartic shall be administered has also been much debated, and the tendency, at least in America, has been constantly to diminish the interval for the bowels to move after operation, so that in some instances the cathartic has been given before the operation. Personally, I am thoroughly convinced that in some

cases the cathartic may be given too soon. In many instances there is comparatively little difficulty encountered in getting the bowels to move on the second or third day. But sometimes the attempt is not at once successful, due no doubt to defective absorption and impaired reaction, and then the cathartic may be favourably supplemented by enemata, either simple or compound. Washing out the stomach is also advantageous in overcoming flatulence and allaying vomiting, in removing matters which have undergone fermentation, in counteracting the effects of the excretion of ether through the stomach, and in favouring absorption. But these measures at times fail, and their repetition not only does not succeed, but seems directly to aggravate the general condition of the patient, so that insidiously is brought about a condition of the gravest danger. It is not necessary to dwell upon the distressing details of that awful picture, for every abdominal surgeon has doubtless had occasion to witness the gradually increasing abdominal distention, nausea, vomiting, prostration, restlessness, rapid pulse and rising temperature, sensitive abdomen, and all the while no inclination to stool or the discharge of flatus.

For a long time this condition was believed to depend upon peritoneal inflammation, but autopsies have repeatedly failed to reveal the evidences of inflammation, and bacteriological examinations have often confirmed the negative finding. It is well known, however, that when not due to sepsis, this distressing picture is most often exhibited by patients who have been subjected to prolonged operation, during which the bowels have been long exposed and have had to endure considerable handling. Their protection during operation is therefore absolutely necessary, and rapid operating, combined with as small an incision as will admit of rapid work, is after all the safest plan of procedure. It has recently been proposed to partially close the abdominal wound as soon as the completion of certain stages of the operation will permit; as, for instance, in hysteromyomectomy after the tumour and uterus have been liberated and raised out of the abdomen; the further manipulations then being completed while the portions to be removed are lying upon the lower part of the abdominal walls.

The condition of post-operative intestinal paralysis has been attributed to various causes. Olshausen (*Centrabl. f. Gyn.*, 10, 1888), who is said to have first written about it, ascribes it to exposure of the bowels attending prolonged operations. Zuntz (*Deutsch. Med. Wochens.*, 717, 1884) shows that disturbances of the circulation interfere with normal absorption of intestinal gases, and so may lead to meteorism. Hence it

occurs in collapse, febrile diseases, peritonitis, and in chronic and acute disturbances of the portal circulation. Experimentally, meteorism is produced in animals by prolonged narcosis. Kader (*Deutsch. Zeitschr. f. Chirurg.*, Bd. 33, p. 60) has shown that ligation of an intestinal loop only develops moderate distention after several days, while ligation of an intestinal loop with its mesentery, or ligation of the mesenteric vessels without affecting the permeability of the bowels, leads in a few hours to pronounced meteorism and in increase to three times the size of the bowel. He also says that disturbance of circulation is a frequent factor in the flatulent colic in horses. Besides discussing these and other related facts in his valuable article, Moszkowicz (*Wiener klin. Wochens.* 646, 1903) also points out that meteorism, of course, leads to interference in the circulation, and thus a vicious circle is produced. Wiggin (*Jour. Amer. Med. Assoc.*, 627, 1902) and many others believe that meteorism is induced by lesions of the intestinal nerves, and Schlange (quoted by Arndt) thinks it arises reflexly through the splanchnic nerve. In his valuable article, Craig (*Amer. Jour. Obs.*, 449, 1904) has more fully discussed this phase of the subject. It appears that Auerbach's plexus of nerves situated between the longitudinal and circular intestinal coats and Meissner's plexus within the circular coat effect an autonomous performance of the intestinal function; Bayliss, and Starling and Mall (quoted by Craig) say that the intestine lives to some extent an independent existence of life. The latter has also shown that severe catharsis in the preparation for the abdominal operation is also responsible in favouring intestinal paralysis, since the bowels are no longer supplied with their accustomed stimulus from intestinal contents. We may feel assured that the causes of intestinal paralysis have been indicated in the above references.

During the last few years it has been found that physostigmin or eserine, derived from the Calabar bean, administered hypodermically, is a remedy of remarkable value in these conditions of post-operative intestinal paralysis, and so efficient and reliable is its action that it may well be regarded as a life-saver, both when the paralysis threatens and also as a prophylactic when exhibited early. The drug has been successfully used for some years in veterinary practice for meteorism and flatulent colic in cattle and horses, in which animals these conditions often prove fatal, as is well known. At the request of veterinarians the drug was added to the German pharmacopœia. The drug was used by them in the form of the sulphates, but because that salt is so deliquescent, Van Noorden (*Berliner klin. Wochens.*, 1057, 1901) proposed

its use in the form of a salicylate, in which combination it is far more stable, is almost equally soluble, and may be divided and preserved in milk-sugar to be used when required. His article also contains a number of references of its former use in atonic conditions of the bowel. It was he also who first suggested its more extended application and its use in surgical cases, and he reported five cases displaying its action. His series include a case of herniotomy, one of salpingitis with tympanitis, an appendectomy, and two cases of typhoid fever.

Arndt (*Centralbl. f. Gyn.*, 273, 1904) says he has successfully used the drug in Breslau and in Posen since 1900, and independently of Van Noorden's suggestion. He says they have used the medicament repeatedly and successfully during the last three years, and in his present article he records the details of five cases.

Vogel (*Deutsch. Zeitsch. f. Chirurg.*, vol. lxiii., 355) also about three years ago made an extended study of intestinal paralysis, and at that time suggested the use of physostigmin. He has since had frequent opportunity of observing its remarkably beneficial action, and since inauguration its use has not seen a case of post-operative ileus.

Packard (*Phila. Med. Jour.*, May 24, 1902) published some interesting cases and recorded his favourable experiences with the drug. His article contains some valuable historical references of the developing use of the drug.

Since then Craig (*Amer. Jour. Obs.*, 449, 1904) has taken up the subject and has published two articles which have apparently done much to attract the attention of abdominal surgeons.

In 1886 Bauer (*Centralbl. f. Med. Wissenschaft*, 577, 1886) wrote about the Calabar bean, and at that time called attention to its pronounced and, indeed, selective action upon the intestines of cats, and this effect was produced irrespective of whether the drug was introduced into the body through the blood or by the mouth. His experiments were conducted with a $\frac{1}{10}$ solution in glycerin. This action upon the bowels overshadows its action upon other organs. It seems to attack the bowel-muscle and the contained ganglia. Its action is peripheral, more so even than muscarine. Pal (quoted by Moszkowicz) says that eserine acts upon the same localities affected by curare, and may be regarded as its antagonist. Others have shown that simultaneously with intestinal contraction there is a contraction of the intestinal vessels from irritation of their muscular tissue. Blood-pressure in general is increased.

Eserine has found its most extensive application in ophthalmic practice for the purpose of contracting the pupil. In

this respect also it is the antidote of atropine. The physiological action in general of eserine cannot be given here, but should be closely studied, for it is a powerful drug. It might, however, be mentioned that besides its contractile effect upon unstriated muscular fibre as seen in the eye, and especially in the gastro-intestinal tract, it slows the action of the heart and increases arterial tension.

All writers who have used eserine after abdominal section speak of it in the highest terms, and quite a large number of cases have already been reported exemplifying its action. It should, perhaps, be mentioned that this good effect is not claimed for it when the condition is due to actual sepsis. It has usually been administered in the form of the salicylate in hypodermic doses of $\frac{1}{80}$ to $\frac{1}{40}$ of a grain. This dose may be repeated, but is usually unnecessary since its action is generally apparent within an hour. In a number of the reported cases the drug was given on the day following the operation on the appearance of meteorism, and particularly after the failure to obtain relief from cathartics and high enemata. Vogel (*Centrabl. f. Gyn.*, 700, 1904) calls attention to the fact that physostigmin should be a prophylactic against ileus, and advocates its use immediately after the operation. Craig speaks favourably of its administration during the operation, so that its action may anticipate the depressing effects of the operation. In his second article Craig (*Amer. Jour. Obs.*, 350, 1904) also speaks of administering the drug combined with the cathartic, thus: Aloin, gr. $\frac{1}{8}$, extr. belladonna, gr. $\frac{1}{8}$, strychnia sulph., gr. $\frac{1}{80}$, and eserine salicylate, gr. $\frac{1}{800}$. He begins on the day succeeding the operation and administers a tablet each night.

Personally, I have witnessed the action of eserine in two cases of hysteromyomectomy, in which calomel in divided doses followed by a saline had failed. This was supplemented by enemata, simple and compound, and repeated high enemata, but without success. The patients then beginning to show the usual dreaded symptoms of restlessness, meteorism, and vomiting, eserine salicylate, $\frac{1}{40}$ of a grain, hypodermically administered, was followed by complete relief in the discharge of flatus, and stool in less than one hour. On the whole, this use of eserine appears to be the most valuable recent contribution to the successful after-treatment of abdominal section cases.—*Hahnemannian Monthly*, Dec.

MELILOTUS IN NEURALGIC COMPLAINTS.

THE remarkable effects of melilotus, or sweet clover, in neuralgic complaints prompted me to order some for a case

which had bothered me not a little for several years. The gentleman had been subject to attacks of neuralgia for fifteen or twenty years, affecting the right side of head, and which had been the cause of the almost complete destruction of sight in that eye. The attacks were caused by fatigue, cold, or derangement of the stomach. The pain centred about the eye, and extended over the right side of the head and neck, and left the scalp sore and tender to the touch. The pain during some of the attacks was agonizing in the extreme, and the patient would become wild and furious with its severity. I had used all the usual remedies, including morphine, at different times, but aconite and belladonna had generally rendered the best service. I first used the melilotus last fall, with the effect to completely control the attack, and since that time, when taken soon enough, it has always checked or controlled it.—*American Physician*.

“SANITAS” PREPARATIONS.

“SANITAS” has been so long before the profession and the public that it may be a matter of surprise that we should refer to it in our columns. But the Sanitas Company, Ltd., have written to us asking us to draw attention to a recent Report by Dr. John C. Thresh, D.Sc. (Lond.), M.D. (Vic.), D.P.H. (Camb.), Lecturer on Public Health, London Hospital Medical College, on the germicidal effects of Sanitas. The Sanitas Company state that “certain aspersions having been cast upon the bactericidal character of Sanitas Disinfecting Fluid, by parties interested in rival manufactures, we recently requested Dr. John Thresh—whose name as the authority on the subject of disinfection commands the respect of the entire medical profession—to make an impartial investigation” on the question. The following is the summarized result of his experiments.

“The appended experimental results show that:—

“(1) 20 per cent solution of ‘Sanitas Fluid’ kills the typhoid bacillus in from $2\frac{1}{2}$ to 5 minutes.

“(2) 40 per cent solution of ‘Sanitas Fluid’ kills the diphtheria bacillus in 15 to 20 minutes.

“(3) The pure ‘Sanitas Fluid’ kills the diphtheria bacillus in less than 1 minute.

“(4) 50 per cent ‘Sanitas Fluid’ kills the anthrax bacillus in 10 to 15 minutes.

“(5) The pure ‘Sanitas Fluid’ kills the anthrax bacillus in $2\frac{1}{2}$ minutes or less.

"(6) 'Sanitas Fluid,' when used as a spray, killed the typhoid bacillus, on a papered surface, in between 20 and 30 minutes.

"(7) $7\frac{1}{2}$ per cent 'Sanitas Emulsion' kills the typhoid bacillus in less than $2\frac{1}{2}$ minutes.

"(8) 5 per cent 'Sanitas Emulsion' kills the diphtheria bacillus in from 20 to 30 minutes, and a 10 per cent solution in less than $2\frac{1}{2}$ minutes.

"(9) 10 per cent 'Sanitas Emulsion' kills the anthrax bacillus in less than $2\frac{1}{2}$ minutes.

"JOHN C. THRESH."

The two chief preparations are "Sanitas Disinfecting Fluid" and "Sanitas Emulsion." The former is too well known to require any special notice from us. The emulsion is a recent preparation, made from Sanitas oil, and is a very convenient form for use. It is freely miscible in water, and in the proportion of 1 in 50 or 100 makes an excellent fluid for sprinkling a room or spraying it. Sanitas is non-poisonous, colourless, and, as all know, has a really pleasant and "clean" smell. Dr. Thresh's report will strengthen the hold which Sanitas has long had on the profession and the public.

LADIES' GUILD OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of the Ladies' Guild of the London Homœopathic Hospital, was held on the 24th of January, too late for a report to appear in our present issue. In our March number we hope to present the Report of this valuable association.

OBITUARY.

EUBULUS WILLIAMS, M.D. (ST. AND.), M.R.C.S. (ENG.)
L.M., L.S.A., OF CLIFTON.

WE much regret to have to record another loss in our ranks, another of our *patres conscripti*. Dr. Eubulus Williams, after a long period of enfeebled health, passed away at his residence, 1, Lansdown Place, Clifton, Bristol, on the 9th of January, in his 74th year. We cannot do better than reprint the following admirable notice of our deceased colleague from the *Western Daily Press* of January 10th:—

"We regret to announce the death of Dr. Eubulus Williams, which took place yesterday, after a protracted illness, at his residence, 1, Lansdown Place, Victoria Square, Clifton. The deceased, who was the fifth son of the late Mr. Joseph

Williams, of Williton, Somerset, was born on the 20th July, 1831, and was therefore in his 74th year. He was educated at Taunton College, and at an early age matriculated at London University. He afterwards studied at Guy's Hospital, with which his connection was always maintained. Three of his brothers also received professional training at this famous institution—Joseph, to whose memory a public monument was erected at Arno's Vale in recognition of his heroic services during the cholera epidemic in Bristol; Clement, who, entering the army as surgeon, served in the Crimean war, made great researches in Burmah, and was afterwards appointed first English political agent for Upper Burmah; and a younger brother, Christopher.

“Very soon after the surgeon's degree was conferred upon him, Dr. Eubulus Williams was chosen as House Surgeon at Reading Hospital, and in 1855 (the year in which he obtained the M.D. degree) went north on his election as Medical Superintendent of the Dundee Royal Infirmary. He remained for between two and three years in Scotland, and then spent some time in visiting the medical schools in Paris, Berlin, and Vienna, his object being to acquire personal familiarity with their different methods of treatment. His tour was not a mere hasty run round, for he attended lectures and received certificates from various professors. Returning to England he, in 1858, became a resident of Bristol, where he began practice, and a few months later he married Margaret, the eldest daughter of the late Mr. Patrick Watson, of Dundee. Before he had been long in Bristol, Dr. Williams became associated with Dr. Mortimer Glanville and the late Dr. Henderson in conducting a dispensary in St. James's Square for ‘diseases of women and children.’ The effort proved successful, and when it was ultimately merged in the Children's Hospital, on St. Michael's Hill, Dr. Williams was elected on the surgical staff. Later he relinquished this position, but in 1863 was re-elected surgeon. His interest in the volunteer movement in the early days was shown by his becoming surgeon to the Bristol Artillery Corps.

“His practice had been so far in accord with the allopathic school of medicine, but in 1867 certain remarkable cures following homœopathic treatment were brought to his notice, and he was induced to give the subject much attention. As a consequence he became convinced that the principle on which homœopathy is founded—*Similia similibus curantur* (like things are cured by like)—was a safe rule to follow in medical practice, and he made public that opinion in a pamphlet, which, besides announcing the change in his views, explained

that in adopting homœopathic therapeutics he did 'not renounce what is valuable in ordinary practice.' This adoption of homœopathy was followed by his resigning his position as surgeon to the Children's Hospital, and about the same time he was chosen physician to Müller's Orphanage. In this great institution he took a deep and continuing interest, and he remained connected with it as physician for thirty-four years. He was president of the West of England Therapeutical Society from its formation down to 1893, and when the annual meeting of the British Homœopathic Congress was held in Bristol in 1897 was vice-president. The next year the Congress met in London, and he then filled the presidential chair. It will be judged from his life history that he was a man of independent thought, and one who stood high in his profession; he had a kindly disposition and wide sympathies, and sincere regret will be felt among a large circle of friends that a long and honourable career has been brought to its close."

Besides the above article, the following editorial notice of Dr. Williams appeared in the same paper:—

"By the death of Dr. Eubulus Williams, which occurred yesterday, the medical profession of Bristol loses one of its notable members. The deceased gentleman was one of a family that had rendered signal service to the State at a time when British interests abroad were not, perhaps, so carefully preserved as they are at present. Dr. Williams was a gentleman of wide sympathies and great earnestness of purpose. It is not very often the case that a medical man trained in accordance with the principles and practice of the allopathic school has the courage to depart from what was to him the beaten track. But Dr. Eubulus Williams, on investigating the claims of the homœopathic treatment of disease, rejected many of his previously formed convictions, and embarked on a modified course of homœopathy. He retained his belief in all that he conceived to be sound in the allopathic method, and grafted on it what he judged to be good in the other treatment. The experiment was one that demanded the exercise of no little courage in these days of sharp differentiation. Dr. Eubulus Williams held many important appointments both in Bristol and elsewhere, and the duties involved he discharged with credit to himself and to his profession. His deep and sympathetic interest in religious and philanthropic movements in Bristol and Clifton commended the deceased practitioner to a large circle of friends, who will learn of his death with sincere sorrow. Dr. Eubulus Williams had attained his 74th year."

With the foregoing full sympathetic notices in the public

papers, little remains for us to add as to Dr. Williams' life and career. But there is one item we cannot pass over without special notice. On resigning his post of Surgeon to the Bristol Hospital for Sick Children in 1867, when he openly adopted homœopathic treatment, and when the rest of the staff threatened to resign in a body if he did not do so, he issued a pamphlet in which he published his letter to the committee and subscribers announcing his change of medical beliefs and practice, his reasons for doing so, and giving an explanation of the principles of homœopathy, adding in an appendix the statistics and results of homœopathic treatment in the hospitals of Vienna, Roubaix, and Paris. The letter is a very able one, and interesting from many points of view. We give one extract from it bringing out the interesting and instructive fact that, in common with many of our *confrères*, he began his inquiries into homœopathy with the expectation that he would prove the fallacy of the system, and show that its results could be accounted for otherwise than by the medicines employed. The result of these studies and experimental tests was that he became a firm believer in the law of similars, and from that time on to the end practised as a homœopath. He says: "It has only been after much careful investigation, verified by experience, that I have come to the conclusion that the law of homœopathy, '*Similia similibus curantur*,' is true, and the safest rule for guidance in the treatment of disease. As there is always great difficulty in tracing the growth of opinions, slowly formed and only gradually displacing those held for years, I shall content myself with giving you some of the results of my inquiries. About two years ago my attention was drawn to the subject of homœopathy from hearing of some remarkable instances of recovery while under homœopathic treatment, also from the testimony of physicians whose integrity and ability rendered them worthy of confidence, and I felt that the subject demanded a fair and an impartial examination. I have now had repeated opportunities of testing this practice in the treatment of various diseases (acute and chronic), and have been surprised at the rapidity of recovery and speediness of convalescence. But men are slow and reluctant to adopt new theories, or to accept the discovery of laws in nature, especially when these appear to be opposed to what they have long believed in and acted upon. Strongly prejudiced as I was by years of education and practice, it has been no easy task to lay aside that prejudice, and I confess that I commenced my inquiries with the expectation that I should be able to prove the fallacy of the system, at least to my own

satisfaction, and to account for the successful results of homœopathic practice by some other means than by the medicines administered. I must, however, acknowledge that the more I examine and test by practice the homœopathic law, the more firmly am I convinced of its value and truth, and I must, therefore, carry out in my practice what my judgment approves and honest conviction assures me is right. In adopting the homœopathic therapeutics I do not renounce what is valuable in ordinary practice. I believe that the therapeutic rule '*Similia similibus curantur*' admits of very general application, and is limited only by our knowledge of the action of medicines and the occurrence of a very few morbid conditions, which, being due to mechanical causes or extreme organic change, require other aids for their removal."

Dr. Eubulus Williams was a striking figure, tall, handsome, dignified, and distinctly *distingué* looking—one that any passing stranger would remark and feel inclined to ask who he was. He was genial and kindly in manner, devoted to his profession, and much esteemed and loved by all who knew him, both patients and friends, to whom his departure will make a sad blank. He was much interested in religious and philanthropic movements, and always exerted his influence in the right direction. Especially was he interested in Müller's Orphanage, over and above his professional connection with it, the latter lasting over a period of thirty-four years, first as ordinary physician to the institution, and in his later years as consulting physician. His professional colleagues will mourn the loss of a familiar figure and a much respected friend.

Dr. Williams leaves a widow, three sons, Dr. Watson Williams, Physician for Diseases of the Throat to the Bristol Royal Infirmary, the Rev. E. J. W. Williams, Mr. H. W. Williams, an Engineer in Western Australia, and three daughters, all of whom are married. To them we offer our sincere sympathy in their loss. The funeral took place on the 12th, and was largely attended.

CONRAD WESSELHÖFT, M.D., OF BOSTON, MASS., U.S.A.

WE regret to have to record the death of Dr. Conrad Wesselhöft, our distinguished American colleague, who was well known personally as well as by reputation on this side. We extract the following notice of his career from the *Medical Century* of January:—

"Dr. Conrad Wesselhöft, the eminent homœopathic

physician of Boston, Mass., died in that city on the evening of December 17th. The immediate cause of his death was disease of the heart. On March 23rd of last year Dr. Wesselhœft's 70th birthday was made the occasion of a notable demonstration in his honour by his professional brethren, and at that time there was little to presage the near approach of death. Surrounded by more than 200 of his friends and associates in the practice of medicine, he spent the evening that marked his attainment of threescore years and ten of life at a banquet given him at the Hotel Somerset.

"Dr. Wesselhœft's career in medicine covers a period of over forty-eight years. Born in Weimar, Germany, in 1834, he came to America with his parents when a mere lad. He received his professional education at the medical school of Harvard University, from which he graduated in 1856. He engaged at once in practice, choosing the homœopathic system, and becoming one of the best known advocates of our school in America. He served in the Boston Homœopathic Dispensary, being from the earliest days of the institution one of its physicians. He was a trustee of the Massachusetts Homœopathic Hospital, and almost up to the time of his death had a term of service there. He was also chairman of the consulting board of physicians and surgeons of the Westboro' Insane Hospital.

"He was president of the American Institute of Homœopathy in 1879, and had also been president of the Massachusetts Homœopathic Medical Society and president of the Boston Society.

"He filled the chair of pathology and therapeutics at the Boston University Medical School with distinguished ability, and was always an ardent worker in behalf of the school. His long connection with the institution brought him into contact with several generations of students, to whom he greatly endeared himself by his illuminative teachings and kindly personal interest in their professional success.

"As a medical author his works covered a considerable field, the most notable of his writings being a translation of the *Organon* of Hahnemann. He was one of the committee for preparing the *Cyclopædia of Drug Pathogenesis*; was one of the committee also for publishing the *Pharmacopœia* of the American Institute of Homœopathy, and his writings for journals and medical societies have been very numerous and highly valued by physicians of the homœopathic school.

"Thus passes away a good physician, an excellent teacher, and fatherly friend. One whose name has ever been synonymous with the progress of homœopathy in New England."

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We have received Communications from Dr. BYRES MOIR (London); Dr. F. H. BODMAN (Bristol); Dr. BLACKLEY, Dr. GOLDSBROUGH (London); THE SANITAS CO., LTD.

BOOKS RECEIVED.

Diseases of the Lungs, Bronchi and Pleura, by H. Worthington Paige, M.D. Philadelphia: Boericke & Tafel, 1904. *Diseases of the Uterine Cervix*, by H. J. Ostrom, M.D. Philadelphia: Boericke & Tafel, 1904. *Myomata Uteri with Pregnancy*, by M. W. Emerson, M.D. Boston, Mass. *Transactions of the American Institute of Homœopathy*, 1904. *The Homœopathic World*, January. *The Journal of the British Homœopathic Society*, January. *The Vaccination Inquirer*, January. *The Indian Homœopathic Review*, October. *The Calcutta Journal of Medicine*, October. *Leicester Evening News*, December 29. *Western Daily Press*, January 10. *Bristol Daily Mercury*, January 13. *The North American Journal of Homœopathy*, December. *The Homœopathic Recorder*, December. *The Medical Brief*, January. *The Medical Times* (New York), January. *The Medical Century*, January. *The Pacific Coast Journal of Homœopathy*, December. *The Chironian*, January. *The Homœopathic Envoy*, January. *The Clinique*, January. *Revue Homœopathique Française*, November and December. *Zeitschrift des Berliner Vereines Homöopathischer Aertze*, December. *Allgemeine Homöopathische Zeitung*, January 5 and 19. *Homœopathisch Maandblad*, January 15.

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THE MONTHLY HOMŒOPATHIC REVIEW.

SECOND SIGHT.

WE hear of individuals being endowed with the gift of second sight, and, if all tales are to be believed, it is a wonderful gift. But we have not hitherto heard that the medical profession had this power so developed as to enable them to predicate the virtues of a medicine because it happens to have a name beginning with the same letter of the alphabet as that of another which is said to have a certain action, while each is a chloride. Yet such seems to be the case, and it is SIR WILLIAM GOWERS who is the fortunate individual. In an interesting and able lecture on "The Pains of Tabes," delivered at the National Hospital for the Paralysed and Epileptic on Nov. 2nd, 1904, and reported in the *British Medical Journal* of Jan. 7th of this year, he comes to the question of the treatment of these pains. After advising the use of certain "pain-stilling agents" for the relief of the pain when it occurs, he proceeds to say: "Besides the relief of the tabetic pain when it occurs, something may be done to lessen the tendency to its occurrence, to make it less frequent and less severe. The agent which I have found most effective for this purpose is the chloride of aluminium, given in a dose of 5, 8, or 10 grs. three times a day. It is readily soluble in water, and may be combined with most other drugs. I can give no explanation of its action. *I tried it just simply because chloride of ammonium*

also sometimes has a similar, though feeblor, effect—a reason which you will say, and I admit, is not rational therapeutics. Yet that which is purely empirical sometimes deserves esteem"; (the italics are ours.)

This is really immense. Because chloride of ammonium has sometimes relieved these pains, SIR WILLIAM's power of second sight comes in to suggest that chloride of aluminium, another chloride beginning with the letter A, will have a similar and better effect. This is certainly, as he admits, not rational therapeutics, but it is empiricism with a vengeance. The "doctrine of signatures" is nothing to this. The idea seems to have evolved itself from his inner consciousness, as a "happy thought," a stroke of genius, or a bit of second sight. We are at a loss to comprehend how a physician of SIR WILLIAM GOWERS' position in the profession could have verbally admitted and allowed to appear in print such a statement. Surely he could not have supposed for a moment that anyone in his audience could swallow it with any feeling of respect to the lecturer. It is too grossly absurd. We can only suggest one solution of the difficulty. It was necessary to give some reason for the prescription of chloride of aluminium, but it is sometimes rather awkward to give one's real reasons for things. So a red herring is drawn across the path, and the attention is diverted from questions which it may not be convenient to answer.

A clue, however, may be found to what may have been passing through SIR WILLIAM's mind in the occult process by which he saw the powers of aluminium, because aluminium and ammonium both begin with an A, if we recall a series of papers of his which were published in the *British Medical Journal* of 1877, on Auditory Nerve Vertigo. In one of these he describes fully and minutely a case in which full doses of salicylate of soda given to a patient suffering from acute rheumatism,—produced as perfect an artificial auditory nerve vertigo as could be conceived. This was not a mere coincidence, as the patient, after recovery, was found to have practically nothing wrong with her ears or hearing, and the pathogenetic symptoms ceased after stopping the drug, and recurred, as before, a second and a third time when it was resumed. On this case SIR WILLIAM remarks: "It has

been remarked that certain drugs have a marked influence on the organ or nerve of hearing. The effect of quinine induced Charcot to employ it in full doses in a case of auditory nerve vertigo, with some beneficial result. I have tried it, but have not found any marked effect was produced on the vertigo. *The influence of salicylate of soda upon the equilibrium, which I have described, suggested its use in this disease.* (The italics are ours.) Equilibrium is maintained by the balance of opposing impressions; its overthrow is the result of the loss of that balance. In our ignorance of the way in which the salicylate produces the disturbance, it is conceivable that it may in some cases have such an influence as to counteract the morbid action and lessen the disturbance of equilibrium. This it has seemed to do in one or two cases in which I have tried it." Now this treatment is really a most glaring piece of homœopathy. Unless SIR WILLIAM was in utter ignorance of the meaning of the law of similars, the basis of homœopathy, he cannot have failed to have seen that to give in auditory nerve vertigo a remedy which he had just stated produced a most perfect picture of the disease, was nothing more nor less than practising homœopathy. He is careful, however, not to suggest such a heterodox explanation of his action, but shelters himself behind the statement that he is in "ignorance of the way in which the salicylate produces the disturbance," and that "it is conceivable that it may in some cases have such an influence as to counteract the morbid action and lessen the disturbance of equilibrium." This pseudo-philosophical statement is, however, good enough for his purpose, and diverts the attention of the thinking reader from the essence of the subject. The red herring again!

With this clue to SIR WILLIAM GOWERS' inner consciousness, and the mental processes that pass through his brain, may we not suspect that his second sight as to the action of chloride of aluminium had informed him that it had a "disturbing" effect on the spinal cord, producing a fairly similar picture to the symptoms of tabes, including the characteristic pains in the limbs? And that, this being the case, he might think it "conceivable that it might in some cases have such an influence as to counteract the morbid action" of the disease? His second sight

must, we fancy, have been preceded by first sight in the shape of reading certain facts in certain books which are necessarily, under the circumstances, private and confidential as far as the profession is concerned.

The provings of aluminium show a picture of disease closely resembling tabes. If one turns to ALLEN'S *Encyclopædia*, we find the mental dullness, the difficulty of walking steadily, the vertigo, the weakness of the limbs, the dragging of them, the disorders of sensation, such as anæsthesia in parts, aggravated sensitiveness in others, a sensation as if the feet in walking were soft and swollen, involuntary jerking of the upper and lower limbs, the parietic condition of the rectum and bladder, and, last but not least, the severe pains in both upper and lower limbs, both of the aching type like that of rheumatism, and also of the more cutting, tearing, or lightning-like shoots which are so characteristic of locomotor ataxy. One prover uses the phrase, "lightning-like shooting." In a lecture by DR. KENT, of America, quoted in the *Homœopathic World* of Nov., 1902, he draws attention to the resemblance of the provings to the symptoms of tabes, and in DR. CLARKE'S *Materia Medica* he states that Boenninghausen cured a case (Dr. Hughes says two cases) with this medicine. In the *Monthly Homœopathic Review* for Jan. 1901, DR. GOLDSBROUGH records four interesting cases of tabes dorsalis, in three of which aluminium was prescribed with marked benefit to all the symptoms. DR. SIMPSON, of Liverpool, gives a case in the *Monthly Homœopathic Review*, vol. xxxix, in which a very marked improvement occurred from aluminium, while DR. CLARENCE BARTLETT, of America, records two cases where the same medicine produced markedly good results.

It is amusing to find that SIR WILLIAM GOWERS, in an address published in the *Lancet* of Nov. 23rd, 1895, gives quite another reason for his use of aluminium in the pains of tabes. He there says of it: "I had no better reason for trying it than the fact that arsenic is a metal, and so is aluminium." We thus find that this distinguished physician calmly asks his readers to believe that in 1895 he selected aluminium as a medicine to relieve the pains of tabes because arsenic (which had also relieved these

pains) was a metal, and so was aluminium! While in 1904 he gives as his reason for this selection that aluminium begins with an A, as ammonium chloride does!

We know a physician who had in a locked-up cupboard certain heretical books—that is, homœopathic ones—as it was not thought to be good tactics to have them displayed openly in the library of his consulting-room, and to these he referred quietly when no one was looking, and when he wanted valuable information of a kind not otherwise to be obtained. Could it be “conceivable” that a similar tactical arrangement exists or existed in SIR WILLIAM’S consulting-room, and that with certain tabooed books at hand his discovery of the virtues of aluminium in tabes was the result of first, and not second, sight?

We are inclined to hazard a belief that SIR WILLIAM knows more of homœopathy, and believes in the law of similars more fully than it is tactical to avow, and hence his discovery of the value of aluminium, and hence also the red-herring business. If our conjecture is totally wrong, we offer him our apologies. In this case the only alternative is that he has discovered these virtues by his conjectured gift of second sight. Wonders will never cease.

ON PNEUMONIA IN CHILDREN.*

By BYRES MOIR, M.D.,

Physician to the London Homœopathic Hospital.

(Continued from p. 85).

To turn to the question of treatment: in the text-books we find the most satisfactory accounts of etiology, pathology, and diagnosis, but it is far otherwise when we come to the pages devoted to treatment.

At the present time no one can be satisfied with the position that therapeutics holds; we are told that after a period of scepticism a bright era has dawned, but in the latest works we find little of it.

With regard to the disease now before us, let us take for example Dr. Pye Smith’s article on “Pneumonia” in Clifford

* Being a Paper read at the British Homœopathic Congress, held in London on July 1, 1904.

Allbutt's *System of Medicine*, and if after reading it, anybody has the conviction that he has laid before him a plan of treatment based upon anything but haphazard conclusions, he must have a mind differently constituted from mine. He says that "During the whole of the present century, the treatment of pneumonia has reflected the various theories of disease, and the changing practice of therapeutics."

After stating that large and wide experiences show that solutions of neutral salts are of service in diminishing the sense of heat and tension, and in promoting secretion, he says: "Nitrate is perhaps the best of them, but citrate or acetate of potash, or acetate of ammonia act in a similar way. The potash salts are *supposed* to act most on the kidneys, and those ammonia on the skin.

"They may be given with chloroform or peppermint, or in any bitter infusion such as serpentary, orange, or quassia. They are not necessary, but besides their undoubted though slight physiological effect, an occasional draught of medicine is liked by the patient, and it helps to keep up the attentions of the nurse." He follows this up by recommending the old custom, and perhaps, he says, a wise one, of administering a purge at the beginning of any acute disease, and advises a blue pill followed by a black draught, or of sulphate of magnesia with bicarbonate of soda in a carminative vehicle.

"An efficient action of the bowels on the first day of the disease has the important advantage of setting the mind of the patient and his nurses at rest, and of preventing unseasonable purging afterwards."

After recommending strychnine, which is often undoubtedly of value as a heart stimulant, and digitalis, of which he says his experience has been disappointing, he refers to two remedies which have fallen into general disuse, but each of them worthy of being employed on occasion.

One is the use of emetics—antimonial wine or ipecacuanha in full doses, or sulphate of zinc, or subcutaneous injections of apomorphine, or a draught of mustard and water, and tickling the fauces with a feather; such drugs, in emptying the stomach, also get rid of accumulated bronchial secretion and produce deep and efficient respiratory effort. Continuing, he says: "This method of treatment is still much used with children suffering from broncho-pneumonia, for in them vomiting is easy and

expectoration difficult. In adults a vomit and a purge no longer form a routine prescription, and although no doubt an emetic is sometimes useful, it is an unpopular remedy, and its effects are often disappointing; not infrequently even large doses of the emetic fail to excite vomiting, and the patient's condition is then uncomfortable to himself and embarrassing to the physician."

The other ancient remedy he refers to is bleeding.

In the chapter on broncho-pneumonia, the mortality of which is so serious, the drug treatment is dismissed in six lines, the following:—

"The most useful drugs in the early stage are ipecacuanha, squill, and nitre, sweetened with syrup of tolu or oxymel. Occasionally in the early stage of the attack a few drops of antimonial wine are efficacious in promoting secretion in the bronchial tubes and skin. In serious cases with urgent dyspnoea, no drug is so valuable as carbonate of ammonia given in doses of one grain to an infant, to five to an adult; its pungency may be covered by liquorice, treacle, or syrup."

We have, gentlemen, nothing but tentative recommendations except in the case of the two drugs last mentioned, and whether Dr. Pye Smith recognizes it or not, these two medicines are homœopathic in their action, the ammonia causing in large doses the bronchitis for which he recommends it, and the tartar emetic causing broncho-pneumonia.

In other books we find much the same recommendations, but Holt gives the following warning: "During the later stage the principal danger is from exhaustion; this forbids the use of all depressing measures, and necessitates the most careful attention to the nutrition of the patient throughout the disease. All unnecessary medication is to be avoided, particularly the use of expectorant mixtures, on account of disturbance of the stomach."

In fact we get as many warnings against the danger of drugs as any indications for their use. Osler says, "The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging, which is still only too prevalent."

It is surely time now that the use of drugs should be placed upon some sounder footing than these quotations show it to be. For if the general use of drugs has not progressed, as it ought to have done, the same cannot be

said of chemistry and physiology. These now give definite teaching on many points, confirming and strengthening the position of those who practise on homœopathic principles, which we maintain are reliable and scientific, and capable of development far beyond what they have yet attained to. Further provings of drugs, with the instruments of precision which we now have, would be an invaluable help in our work. Drugs are not now looked upon as the only object to be thought of in treatment; but after everything has been done in the way of removing causes, where possible, and attending to the hygienic surroundings of a patient, much can be done by their use.

We may look upon the body as Woods Hutchinson in his *Human and Comparative Pathology* has well put it, as a cell republic, each cell having its own work to do, and when the environment is so altered as to interfere with the proper function of the cell or group of cells, we have symptoms arising which point to the struggle going on between the living cell and its new environment; and in our use of drugs we wish to help in restoring the normal condition. From the quotations just given of warnings as to the danger in the use of drugs, we see evidence at last of appreciation of how delicate that interference must be.

It is still too much the custom to talk about drug action, forgetting that the important thing is the physiological reaction which is produced, and which does not depend so much upon the quantity as the quality of the stimulus applied.

In other works we find attention being drawn to these points, and attempts are being made to find out the definite laws which regulate the action of living tissue, when fresh stimuli are applied to it. I would draw your attention to the chapter on "Stimuli and their actions" in Max Verworn's *General Physiology, an Outline of the Science of Life*. He includes among stimuli all forms of energy that come into relation with the organism, whether chemical, mechanical, thermal, photic or electrical. From his work and that of Spencer, Arndt, Schulz, and Hueppe, we get the following fundamental biological law, which has no exception, viz. that "Every substance which can paralyse or kill any cell or cell protoplasm can also act in small quantities (on the other side of an indifferent point) as a stimulus to cell activity. The absolute

quantities leading to such effects are very different with different substances."

This is exactly what homœopathy has maintained from the first—that there is a point where the beneficial action of the drug ceases—and that, if pushed beyond this point, a drug disease is brought about; and our efforts are directed to obtaining by the use of drugs the healthy reaction of the living tissues.

So far little experimentation has been made by physiologists upon the effects of two different stimuli acting upon the organism at the same time, for in treatment we have first of all to consider the stimulus which is causing altered function, and then the added stimulus of the drug and in which direction it should act; but Verworn's work, so far as it goes, confirms our view of the action of similars. This we can understand better when we look upon the symptoms to treat, not as a disease, but as the result of change of environment, and nature's efforts to overcome difficulties, therefore to be encouraged, not opposed. From this point of view the law of similars is not the absurdity it is so generally supposed to be.

While we thus find our position strengthened with regard to drug action, a fresh light has been thrown upon the dosage and question of infinitesimals, by the modern theories of solution. "These involve the conceptions that electrolytes (*i.e.* acids, bases of salts) in dilute solutions are not present as intact molecules, but that constituent atoms or atomic groups are dissociated, and function in certain respects as individual units. To the dissociated atoms the name of ions is applied. The degree of dissociation or ionization which the molecules undergo increase with dilution, and upon infinite dilution must be conceived as being complete." We have in this, therefore, direct confirmation with regard to Hahnemann's teaching of the increase of power of action by dilution, and plenty of other evidence is forthcoming in the way of experiments on cell life, which show that solutions of metals in which chemistry has failed to detect their presence, yet prove fatal to cell life, proving how much more delicate physiological reaction is than chemical action.

To return however to the practical question before us, we wish in the cases of pneumonia of which we have been speaking, to use drugs which have been shown to be capable of producing a specific reaction in the tissues

involved, and to use them in such doses that there should be no surplus physiological action, and I will begin with aconite.

Aconite was the medicine which paved the way for the old antiphlogistic treatment to be given up; it was found that aconite was a most valuable medicine to take the place of the bleedings and depressants in the old plan of heroic treatment, and that view has steadily gained ground. In our school Hahnemann's original teaching still holds good, that aconite is the best remedy in the early stages of fever. The type of fever which it influences is marked by great restlessness, with tossing about and extreme sensitiveness to light, sound, and all sensations, including pain; and not by the drowsy and apathetic conditions we see with fever when toxæmia is a marked feature.

It is therefore only in the early stage of pneumonia that aconite is of use, before there are definite signs of exudation. I do not think the question of being able to abort a condition like pneumonia should be thrust aside at once as an impossibility. From blind faith in drugs the pendulum has now swung to the other extreme, and we are too much inclined to think that we cannot do anything, and that all diseases must run their course.

We should learn from what we see in diphtheria since antitoxin has been introduced, that much can be done. In a mild case of diphtheria, nature overcomes the toxin without help; when there is a deeper toxæmia we see the antitoxin cutting it short. In the same way in pneumonia, we see cases which are quite slight, as if nature cut them short; it appears as if a chill was the starting point in many cases, allowing the development of the pneumococcus; and if during the period before the engorgement, which as we have seen is often delayed, aconite is used to overcome the effects of the chill, there is no reason why in some cases an attack should not be cut short. When a case has got to the point of dullness and crepitation, aconite ceases to be useful.

The 3x dilution has been chiefly used.

The next medicine, *verat. viride*, is one which possesses a good many of the properties of aconite in controlling fever, but is not made so much use of, and I find in looking over the treatment prescribed by my colleagues that it has not often been prescribed; but personally I find it of the greatest use, both in the early stages, and especially in cases which

are of common occurrence, where with fever of an intermittent type, we get symptoms of meningeal irritation.

Thus in a boy of 1 year and 9 months, in a severe attack of pneumonia, whose temperature had been up to 105° for six days running, and twice up to 106° , his condition was very grave, and among other symptoms the following were noticed: Very restless, continually rolling his head about, muscles of the neck rigid, twitching of both arms. He was ordered *verat. viride* lx, and marked improvement followed, the temperature falling to normal in three or four days.

I would then recommend it for cases of high temperature with cerebral irritation, and it is to this latter more especially that its action is homœopathic. The 1st or 3rd decimal dilutions have been the ones used.

Tartar Emetic has a long history in its use for pneumonia. For the first half of last century it was given in large doses, 20 or 30 grains daily, with the undoubted effects, as Dr. Pye Smith says, of producing nausea, disinclination to food, lowering the blood pressure, and causing diaphoresis, quite in harmony with the effects of bleeding, purging, and salivation. It is still used, but in a very different dose. In many books we find the $\frac{1}{24}$ grain recommended, while Ringer and others advise $\frac{1}{80}$ of a grain or even less.

We thus find that tartar emetic still has some reputation in the treatment of pneumonia, and while we give it purely from the point of similar action, it would be interesting to know on what grounds it is recommended by those who oppose this view.

Besides its general effect upon the circulation and respiration, its important sphere of action lies in the mucous membranes, the skin, and the lungs.

In poisonings and experiments on animals it causes a catarrhal gastritis and enteritis, as well as catarrh of the respiratory mucous membrane, which Majendie found extended to the air cells themselves. In the dogs poisoned by him, the lungs were always more or less affected; they were destitute of crepitations, gorged with blood, and in some parts hepatized. Lepelletier independently confirmed these observations, and remarked, "One would imagine that, admitting its action in man to be similar, far from being useful, its administration would be particularly pernicious in pneumonia; but it is not so, for instead of favouring engorgement of the lungs, it

promotes its resolution." Hare, in his *Textbook of Practical Therapeutics*, says; "The drug causes such an outpouring of liquid mucus into the bronchial tubes, that the patient is drowned in his own secretions, which he is too weak to expel." It is in the typical cases of broncho-pneumonia that we find it so useful, where there is low vitality, symptoms of gastric and enteric disturbances, loose rattling of mucus with troublesome cough and cyanosis; here its effects are undoubted. Dr. Watkins in his paper drew attention to an important point, *viz.*, that the solution of tartar emetic readily decomposes, and that it should be given in the form of a triturate. The usual form in which it is given to children in the Hospital is two grains of the 3x triturations, that is, $\frac{1}{300}$ grain every two or three hours.

Phosphorus.—The use of phosphorus in pneumonia was first introduced by Dr. Fleischmann, of Vienna, and it was the success of his treatment that led up to the giving up of the antiphlogistic method and the adoption of expectancy. Phosphorus acts as a pure irritant on the respiratory organs. Majendie and others have found hepatization of the lungs in animals poisoned by it, and Dr. Allen gives two cases of poisoning in men, in whom the physical signs of pneumonia were present.

While undoubtedly most cases of croupous pneumonia tend to recovery, we find it of great use in this variety when there is marked consolidation, hurried respiration, but not the rattling we find indicative of tartar emetic. A typhoid condition is a strong indication for its use.

It has been given chiefly in the third or sixth centesimal dilution.

Bryonia.—By some homœopaths, especially Tessier and Jousset, bryonia was considered to be the remedy for pneumonia, and Hughes says that "to croupous pneumonia bryonia is perfectly homœopathic, even more so than phosphorus, which in this country at least plays the chief part in the treatment of the disease."

The provings of the drug show that it is capable of producing fibrinous exudations, and not a catarrh of the bronchial mucous membrane; at the same time it sets up inflammation in the pleura, therefore its curative effects are best seen in the class separated as pleuro-pneumonia. It has been used in the 1st to 3rd dilutions.

Arsenic Iodide.—The last medicine that I will deal with

is the iodide of arsenic. The use of this is of much more recent date than the medicines previously spoken of, and we have no complete provings of it ; it is now, however, much used in the children's ward. It was first of all used in catarrhs of any part marked by the persistently irritating, corrosive character of the discharges.

In the discussion that followed Dr. Watkins's paper, (a paper read some years ago by Dr. Watkins on "Pneumonia") Dr. Galley Blackley said that in the broncho-pneumonia following influenza, iodide of arsenic was far superior to all other remedies, and was practically a specific. It is chiefly used in the hospital when the temperature falls to normal, in order to promote resolution, and is especially useful when there is marked malnutrition from diarrhœa and other digestive difficulties. It is given in the 3rd decimal trituration.

These are the chief medicines that have been used in the cases under discussion, viz. aconite and veratrum viride in the early stages, tartar emetic in broncho-pneumonia, phosphorus and bryonia in croupous pneumonia, and iodide of arsenic in the convalescent stage ; but there are others also of great value, and I fear that by many I will be considered to be greatly sinning by giving the treatment in such a crude form ; but it is only for practical purposes which I hope may be of help, for I am fully aware that it is the individual to be treated, not the disease. I may here say that not a single dose of laxative medicine was given in any case, and the use of the medicines in the simple way we give them avoids the necessity for giving anything that can in any way interfere with the digestion.

Passing to *Accessory Treatment*, in adopting homœopathic principles, we do not give up any treatment that we know to be of use, and still feel perfectly free to use any means in our power ; and while there may be some who from their skill in the use of small doses consider they may do without any palliatives, I must confess that I have not yet arrived at that perfection, and still consider that in cases of sudden collapse, from sudden fall of temperature, a hypodermic injection of strychnine is of great value, and look upon it as a palliative that will tide over a dangerous time. On this point Hahnemann gave expression to the following :—

"I am not ignorant of the great value of palalitives.

For sudden accidents that tend to run a rapid course they are not only quite sufficient, but even possess advantages, where aid must not be delayed an hour or even a minute."

Another point in accessory treatment is the use of oxygen, and this we find of undoubted benefit, especially when cyanosis is a marked feature. Several cases have, I am sure, been pulled out of critical conditions by its use given for a short time at frequent intervals, about five or ten minutes, every hour.

On the importance of good nursing there is not much need to dwell, especially when we remember that 147 of the cases were under two years of age. Our cases have been thoroughly well nursed, and the way the charts which I have shown have been kept, entirely by the nurses, is an indication of the care they give. There are, however, a few points in the nursing to refer to.

Fresh air is much more important than a high temperature. The temperature of the ward is usually kept from 60° to 65°.

Baths.—The patients are always given a hot bath twice a day, at a temperature of 100° F.; but the baths are given more frequently if the temperature of the patient is over 104°. The duration of the bath is from ten to fifteen minutes, the patient is then taken out and wrapped in hot blankets. As many as six baths are sometimes given in twenty-four hours. Cold bathing is not found to be satisfactory, but in the case of hyperpyrexia ice sponging is used.

Diet.—Milk and barley water is given to infants; if unable to digest this, plain whey and cream are given.

Stimulants.—White wine whey is the stimulant most frequently used, and may be given alternately with the milk. Brandy well diluted with water is given, when the temperature drops suddenly and the pulse is found to be very weak. Strychnine is rarely used.

The position of the patients is important, and they should be supported with pillows, and not allowed to lie quite flat.

A *steam kettle* is brought into requisition when the breathing is dry and difficult, but not when there is any rattling of mucus.

Poultices are useful in some cases, but we find cotton wool jackets usually sufficient and less exhausting.

A table of the total cases gives 233 with 25 deaths.

Lobar pneumonia.—Total number 93. Of these 46 were up to the age of 2 years. 47 were between the ages of 2 and 5. Of the 46 cases up to 2 years of age, 43 recovered. Of the 47 cases between 2 and 5, all recovered. This gives a total mortality of 3 per cent, and this again was confined to the ages under 2.

Broncho-pneumonia.—Total number of cases 140. Of these 101 were up to the age of 2 years ; 39 were between 2 and 5 years. Of the 101 cases up to 2, 84 recovered. Of the 39 cases between 2 and 5, 34 recovered. This gives a total mortality of broncho-pneumonia of 16 per cent.

In going through the table of cases, and considering first of all the proportion of croupous pneumonia to broncho-pneumonia, Holt gives in children in the first two years of life the proportion of lobar pneumonia as 25 per cent, and that of broncho-pneumonia as 75 per cent. We had in our cases a much higher percentage, 46 cases of lobar pneumonia to 101 of broncho-pneumonia, or nearly 50 per cent. This agrees very closely with the last Annual Report of the Children's Hospital, Great Ormond Street, where they had 25 cases of lobar pneumonia to 47 of broncho-pneumonia.

Comparison of Mortality.—As the results of our treatment we have in 233 cases of acute pneumonia up to the age of five, a mortality of 10·7 per cent.

In the Children's Hospital, Great Ormond Street, the total cases up to the age of 12, in the Report for 1903, were 146, with 40 deaths, or 27·3 per cent, and exactly the same mortality is found in the last report of the East London Hospital for Children, Shadwell, where they treated 253 cases with 69 deaths, a mortality of 27·2 per cent.

In the case of children under 2 years of age, the mortality at Great Ormond Street Children's Hospital in broncho-pneumonia was 48·5 per cent, and at Shadwell was 63·2 per cent. At our own hospital it was 16·8 per cent. In the first two years of life croupous pneumonia is also a very serious complaint, for out of 25 cases Great Ormond Street lost 8, a mortality of 32 per cent ; Shadwell lost 9 out of 64, or 14 per cent ; while we lost 3 out of 46, or 6·5 per cent.

It is impossible to make any close comparison, for I have nothing but the bare figures given in the annual reports of the two hospitals, and so much depends upon the number

of cases admitted in a moribund condition, and the number of secondary cases.

LONDON HOMŒOPATHIC HOSPITAL. *Cases for Five Years.*

Total cases of Acute Pneumonia 233, with 25 deaths. 10·7 %

| | Total | Below 2 years | Deaths. p.c. | | From 2 to 5 years | Deaths. p.c. | |
|---------------------|-------|------------------|--------------|------|----------------------|--------------|------|
| Lobar pneumonia ... | 93 | 46 | 3 | 6·5 | 47 | 0 | 0 |
| Broncho-pneumonia | 140 | 101 | 17 | 16·8 | 39 | 5 | 12·8 |

CHILDREN'S HOSPITAL, GREAT ORMOND STREET.

Report for 1903

Total cases of Acute Pneumonia 146, with 40 deaths. 27·3 %

| | Total | Under 2 years | Deaths. p.c. | | From 2 to 12 years | Deaths. p.c. | |
|---------------------|-------|------------------|--------------|------|-----------------------|--------------|------|
| Lobar pneumonia ... | 64 | 25 | 8 | 32 | 39 | 5 | 12·8 |
| Broncho-pneumonia | 82 | 47 | 32 | 48·9 | 35 | 4 | 11·4 |

EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL.

Report for 1902.

Total cases of Acute Pneumonia 253, with 69 deaths. 27·2 %

| | Total | Under 2 years | Deaths. p.c. | | From 2 and over 6 | Deaths. p.c. | |
|---------------------|-------|------------------|--------------|------|----------------------|--------------|------|
| Lobar pneumonia ... | 152 | 64 | 9 | 14 | 87 | 2 | 2·2 |
| Broncho-pneumonia | 101 | 79 | 50 | 63·2 | 22 | 8 | 36·3 |

We have reason to be satisfied with our own results—a mortality of 3 per cent in croupous pneumonia and 16 per cent in broncho-pneumonia, in children up to the age of five, against a mortality which is usually put at from 4 to 12 per cent in croupous pneumonia and 30 to 50 per cent in broncho-pneumonia ; and I do not think it can be explained away on the theory that we employ useless drugs. I have brought forward nothing new in the treatment : it has stood the test of over half a century without change ; while on the other hand we see the leaders of the orthodox

school at the time that Fleischmann was treating his cases in Vienna, recommending 20 to 30 grains daily of tartar emetic. The dose they now recommend is the 24th of a grain or even less.

In the deaths, the first thing to notice is the importance of the age as determining the mortality, as out of 25 deaths 20 were 2 years or under, 12 of these being 1 year or under.

In Lobar pneumonia the three deaths were as follows :—

1. A boy of 10 months, only two days in the hospital, and the post-mortem showed the whole of the right lung and the lower lobe of the left consolidated.

2. A girl of 2 years, associated with tuberculosis.

3. A boy of 3 years, death followed pneumonia of the right upper lobe.

In broncho-pneumonia 17 below 2 years old, and of these 12 were just a year or under. Three were moribund and died within twenty-four hours of admission.

I will not detain you now with the complications of the other cases, but only refer to the 5 cases between 2 and 5. Only one was an uncomplicated case, the others being secondary to measles, pertussis, scurvy, rickets, and tuberculosis.

I have always had the greatest admiration for Dr. Goodhart's work, and turn with pleasure to read any of his articles in the journals. It was therefore with interest that I found in his last edition of *Diseases of Children* the following treatment recommended in pneumonia : "In very acute cases drop doses of tincture of aconite every hour for a few hours, and then a drop or two of vinum antimonizæ, to be frequently repeated," i.e. the 220th of a grain of tartar emetic. I think he would find our dilutions of aconite more effectual and safer, and the trituration we use of tartar emetic in the $\frac{1}{360}$ of a grain more reliable. I would like to draw Dr. Dyce Brown's attention to this instance of "The Permeation of Present-day Medicine by Homœopathy."

[The discussion which followed the reading of Dr. Moir's paper at the Congress we deferred publishing till the paper was in the hands of our readers. We now append it.—Eds. M.H.R.]

DISCUSSION.

Dr. Hayle (of Rochdale), in opening the discussion on Dr. Moir's paper, said he had been very interested indeed in it. He considered it an extremely good paper, a most able

and telling one, and he hoped it would be printed and widely circulated, together with the valuable statistics he had quoted, to show the difference between the results of the Allopathic and the Homœopathic treatment of pneumonia. It was a disease they could not mistake, and one in which they could get good results from statistics. He thought if the statistics were published widely it would do much good. It was a disease that he was specially interested in, because in Rochdale he had a great number of cases to deal with. The distinction between the two kinds of pneumonia was a very important one, and lobar pneumonia was not nearly so serious a disease as the catarrhal form. During the 25 years that he had been in practice, he thought he had only lost four cases of pure and simple lobar pneumonia, and he had had as many as four cases at a time to deal with many times a year. He had had a large number of such cases to treat, and so far as he could remember he did not think he had lost more than four; and those were cases which had been given up by other doctors, except one, and in that one case the parents, against his strict orders, took the child out in an east wind. In lobar pneumonia he thought they, as homœopaths, got splendid results. The other pneumonia was a more insidious disease, and the results were not so satisfactory, though still good. He particularly dreaded it after measles and whooping cough, when it was without doubt a most serious disease. There was one little point which Dr. Moir had not mentioned, and that was, as he had noticed, that lobar pneumonia was much more prevalent in bright, fine weather, and catarrhal pneumonia in damp, dismal weather. When the days were hot and dry and the nights cold, then lobar pneumonia was much more prevalent; children were dressed for the daytime when it was hot, and in the evening, when it suddenly turned chilly, they took cold; therefore, in fine, bright weather it was lobar pneumonia which they encountered the most. But catarrhal pneumonia was more prevalent in damp, raw, dismal weather. As regarded the treatment of pneumonia, he found the best results from aconite 1x, or mother tincture, in the first stages, then phosphorus every four hours and bryonia every hour in the second stage. If the temperature reached over 104 deg. then veratrum viride 1x or ϕ instead of bryonia, still keeping to phosphorus every four hours. He believed phosphorus was a sheet anchor in lobar pneumonia, while the less deeply acting medicines were given between the doses of phosphorus. Sometimes he used arsenic instead of phosphorus in cases where the indications were very strong for arsenic, when the child was very restless. He believed arsenic was a very powerful remedy in that disease, and especially in apical

pneumonia. In catarrhal pneumonia he always gave antimonium tartaricum every four hours—he believed it was a very deeply-acting remedy—and with ipecac. every hour or so he had seen very good results. Of course there were other medicines which could be used when specially indicated, but he found those mentioned to be best as a rule in cases of catarrhal pneumonia. As he had previously stated, he had been very much interested in the subject. (Applause).

Dr. Newbery said the subject of pneumonia in children, bronchial pneumonia especially, had a special interest for him, from the fact that he very nearly lost his own child from it; indeed, but for Dr. Day's kind help he thought the boy would have gone. When the mother asked Dr. Day what he thought of the case he said, "Well, I would not give a brass button for him if he were under allopathic treatment." He thought that was the general experience in the two schools of medicine with regard to the treatment of bronchial pneumonia. He would mention one or two personal incidents in this connection. In his student days, when the clinical instructor was taking them round the wards, he drew attention to a case of bronchial pneumonia in a child, and said—"Gentlemen, you will never feel yourselves more helpless than in cases of bronchial pneumonia in young children." That, he thought, was very often the verdict pronounced by allopaths, and it was certainly one of those cases in which the advantages of homoeopathy were wonderfully marked. There was another case he recalled. He happened to be away from home, and a colleague, who was an allopath, had very kindly undertaken to see any case that might arise during his absence, and he was called in to see a case of bronchial pneumonia in a young child. Now he (Dr. Newbery) wished to say that he felt very grateful to that allopathic colleague, and he would not say a single word to his disparagement. On his return home he met him, and as he shook his head, he said—"That child is very bad with double bronchial pneumonia, and I do not think you can bring it through." Well, he found they had been poulticing the child every three hours, and giving him syrup of squills. Although he always found it difficult to alter the treatment peremptorily, he did so in that case. He had been pleased to hear what had been said about poulticing, especially in the cases of young children. He did not believe in poulticing children, because he considered it gave the lungs even more work to do than they already had. They were labouring hard to get in sufficient amount of air, and the poultices caused them increased labour. The suitable remedies were far better than poultices, and he believed poultices had killed children who otherwise might have recovered. In the

case in point he stopped the poultices, and gave the child antimonium tartaricum No. 3. He always preferred to give as little medicine as possible, especially in cases of children. The case got well in a most remarkable manner. Antimonium tartaricum No. 3 was his sheet anchor for these cases, and a medicine which had not been mentioned, he had always held to, namely, sulphur in rather high attenuation. These were two of his personal experiences of a disease which had always been especially interesting to him, in consequence of the way in which he had had to treat bronchial pneumonia, and the way he had been able to see it remedied by the use of appropriate Homœopathic remedies. (Applause).

Dr. F. H. Bodman said there were just two points he would like to refer to in connection with the paper, and one was the fact which Dr. Moir had drawn attention to, viz., that the physical signs were not always developed at the beginning of the disease, and unless we bore this in mind we might be led astray. Finding fever, and other symptoms of grave illness, but without physical signs, we might be led to impute the illness to some other cause. They must bear in mind that sometimes the physical signs developed gradually. The other point to which he wished to direct attention was the value of Iodine. This medicine had not been mentioned. He considered it was of great value in croupous or lobar pneumonia. He had seen very good results from it, and he was more inclined to depend upon it than on phosphorus. He prescribed it in 3rd dec. dilution. He had only one more point, and that was in connection with what Dr. Hayle said of aconite. He would like to utter a word of warning against giving children aconite 1x. He had seen symptoms of collapse in a child after taking 1st dec. dilution of aconite, and he found in a practice of thirty years that the 3x would do everything for a child that they could reasonably expect aconite to do. (Applause).

Dr. Midgley Cash said : with regard to the use of phosphorus, a patient told him he could not take phosphorus. He gave him 3x, and as his temperature went up he thought it better in the face of experience to give a higher dilution. He thought they were greatly indebted to Dr. Moir for his very interesting paper. The figures he had given of the cases in which pneumonia had been treated so successfully by Homœopathy, should make parents pause and think as to which treatment was the best to be adopted for children attacked with these diseases. (Applause.)

Dr. Lambert said : Chelidonium was a medicine well worth bearing in mind, especially in cases where the right side was principally affected, or if in addition there was a yellow diarrhoea.

It has been considered by some a sheet anchor for catarrhal pneumonia. Another medicine was Tuberculinum for catarrhal pneumonia, not of tubercular origin. He mentioned a very bad case of catarrhal pneumonia in a baby six weeks old, no doubt of influenzal origin, there being cases of influenza in the family, and the nurse had influenza; moreover, the child at a later stage of its illness developed otitis media, which he thought pointed to influenzal origin. That baby was in a very desperate condition. Dr. Dyce Brown saw the case with him at its worst, and thought that there was very little hope of the child getting better. There was no cough whatever, and the lungs were getting choked up. Under ammonium carb. 3x the child at once began to cough, and made a good recovery. It had several serious collapses, which were treated with saline injections, which answered admirably, and which he thought were well worth consideration and preferable to strychnine. (Applause.)

Dr. Speirs Alexander, referring to other clinical observations that had been made, said he might not be out of order in giving one of his own cases of collapse, similar to those that Dr. Moir said he treated with strychnia. It was a case of lobular pneumonia of a very severe type, and there were all the symptoms of collapse, a very livid appearance of face, cold clammy sweat on the forehead, extremities blue and cold, in fact the patient appeared to be *in extremis*. In such a case one would expect good results from strychnia, but the symptoms seemed to point so much to carbo. veg. that he gave it in 6th centesimal. When he called again a few hours later, he hardly expected to find the patient alive, but to his surprise and satisfaction, he saw all the serious symptoms had passed away, the crisis was over, and eventually the man made a good recovery. He had also had a case of right-sided lobar pneumonia, associated with jaundice, in a woman, who, after giving much cause for anxiety for some days, recovered under chelidonium 3x.

Dr. Wynne Thomas said: Poultices had been mentioned. He had had some cases under his treatment where he had found ice bags useful, and much more comfortable; he had often found that it soothed the patients, and they fell off to sleep. Leiter's Tubes were an improvement on ice bags, as the temperature could be regulated, and the patient had not to be disturbed, as in ice bags the lumps were not comfortable to lie on, and the ice melted and had to be replaced. The question of stimulants had not been mentioned, and he thought it was important, especially in the case of children, as to when they should be given, and when withheld. When going through his hospital training, he used to see written on the boards,

"So much brandy every hour, or two hours." It seemed to him that the question of stimulants in that form was not a question of so much every 24 hours, but rather to give stimulants when needed to tide over an important and critical time, such as when they found a patient was getting into a collapsed condition. It should only be given at such times, and until the crisis was passed. On that point he would like to hear other opinions.

The President said he thought the greatest compliment he could pay to his colleague, Dr. Moir, would be to ask him to reply to the points raised in the discussion, without delay. He had no authority to speak from experience on the subject of pneumonia in children, excepting from what he happened to see in the wards of that hospital. If he had a child afflicted with pneumonia of either type, there would be no scintillation of doubt as to which method of treatment he would put his trust and confidence in. It was a brilliant record that Dr. Moir had given them that morning, and he hoped no personal view or professional modesty would stand in the way of it being published, to show not only what Homœopathy can do, but what it has done. (Applause.)

Dr. Dyce Brown said: The paper was very interesting and valuable. There was little of what could be called discussion to arise out of it. He thought the paper was one of extreme importance. One could go over the different points with pleasure at a length which would not be good for the Congress. He had nothing but praise for the paper and for the value of the results brought forward. There was just a single point he wished to be allowed to refer to, and it had struck him as important. Dr. Moir spoke of the power of aconite, given early, to abort a case of pneumonia. The common view at present was that the disease must run its course. His opinion was that it could be aborted, and he had seen many cases where the attack was well marked, but under the use of aconite it subsided within 24 or 48 hours. Of course, in such cases they were sometimes told it could not have been pneumonia, but personally he was satisfied that they did abort the disease, if taken early. (Applause.)

Dr. Moir said he was very much obliged to the members of the Congress for the way in which they had received his paper. He thought his task in replying was an easy one. Of course he knew there were plenty of other medicines of great use; he only had time to glance at a few which they had found to be the most valuable. He well remembered the case to which Dr. Lambert had referred. It was a very difficult case; he did not think anyone could have a harder one to treat, yet the child was safely carried through, chiefly with medicines he had

not touched upon. On the question of poultices he differed from Dr. Newbery. He had seen great benefit derived from them. He could not understand the point of weight which had been raised, as the child would rest on the poultice. Dr. Dyce Brown had spoken about drugs having the power of aborting pneumonia, and he was quite sure they found the conditions aborted if they watched closely. Unfortunately in hospital work they did not see the cases until they were far advanced; but he was quite sure, if treated in time, they could be aborted, and in private practice there was plenty of room for this to be brought about. He was glad to hear Dr. Hayle's statement of 25 years' experience, and it was to be hoped he would give the results to be incorporated with that paper. (Applause.)

A CASE OF INTESTINAL OBSTRUCTION FROM ABDOMINAL CARCINOMA, WHERE AN IMPENDING COLOTOMY WAS THROUGHOUT AVERTED.

By GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London Homœopathic
Hospital.

TWELVE months before the story proper commences I was suddenly summoned into the country to see a lady suffering from acute peritonitis. The severity of the seizure and the duration of the urgent symptoms were such as to cause grave anxiety in the mind of the attending physician. Fortunately, the type of the affection was exudative, not septic, and I was able, so far as the peritonitic symptoms went, to give a favourable prognosis as to their subsidence, reserving the questions of the cause of the peritonitis, and the persistence of the original nucleus of disease, to be cleared up after the inflammatory turmoil had subsided. One of the most difficult symptoms to meet during this acute stage was inveterate constipation, which required enemata more frequent, copious, and varied than are customary even in this abdominal lesion.

In time the urgent symptoms subsided, and the abdominal distension was so far reduced as to allow detailed examination of all the organs and areas of the abdomen. There was no free fluid, or none of any consequence, in the cavity. The viscera of the upper abdomen could be ruled out as not having contributed to the former acute seizure. But in the left pelvic area was an indeterminate mass, shading off indefinitely into

the surrounding regions, constituting an irreducible diseased spot in the patient's otherwise improving condition.

An otherwise improving condition for some time only; for while the patient in successive stages left her room, was able to walk, and finally drive out of doors, yet the constipation continued difficult to manage, showing no sign of abating. All sorts and conditions of procedures, including medicaments in great variety, were tried for her benefit; and ultimately the measure which alone could be with confidence relied on was three-quarters of a bottle of Hunyadi Janos, taken with hot water as a potion in divided doses. This jorum, though effective, had some serious drawbacks; it caused acute colic, spoiled the appetite and digestion, while, most unfortunate of all, each time it sent the temperature up to 102° to 103° , declining to the previous level again in a day or two. This pyrexia, strictly limited to the time of the aperient, was attributed to a toxæmia caused by absorption of fluid from fæces through an eroded or ulcerated surface, and fears were expressed lest the intestinal *vis a tergo* might lead to actual perforation or rupture of the gut at the site of involvement. At this juncture the patient came up to town and was transferred to my own personal care. She much dreaded these massive aperient doses and the pain and pyrexia attending; dreaded also the alternative proposal of a colotomy, which then hung like Damocles' sword over her, as only the mineral water doses had been found hitherto to unload the packed bowel.

A renewed examination at the time showed a somewhat emaciated frame, with the evidences of disease limited to the abdomen. This region now allowed easy and thorough examination. The whole cavity was somewhat distended, resonant all over, yielding by palpation that sensation of localized semi-resistance in areas, and particularly along the course of the transverse colon, that attends fæcal impaction. Tormina were obvious and frequent; there were no bladder difficulties. But in the left pelvic region the *fons et origo* alike of the prior attack of peritonitis and of the present persistent symptoms could be detected as an infiltrating dense mass, amorphous in outline, involving alike the tissues and contiguous organs in this region. Rectal examination confirmed this diagnosis.

The intestinal symptoms were now pre-eminent. No

action could be obtained but by massive doses of saline aperient. A frequent rectal discharge of mucus, and a recurring discharge of blood, with troublesome nocturnal solicitations for evacuation (with result of no moment), exacerbation of abdominal pain, and increased distension in the left flank were the recurrent events of day after day. On arriving in town, as no evacuation had occurred for some days, a pint of Hunyadi Janos was taken in divided doses. The sequence of events, as already detailed to me, was repeated before my eyes. In a few hours the temperature, previously normal, shot up to 103° , a rigor preceding. Acute pain in the back and down the left leg was complained of; and a series of evacuations, at first scybalous and afterwards watery, ensued for two days, when they terminated. This cycle of events, I was told, occurred each time: Complete constipation, saline aperient, rigor with rise of temperature, acute abdominal distress, a repetition of varied alvine evacuations, and a return to the latent period.

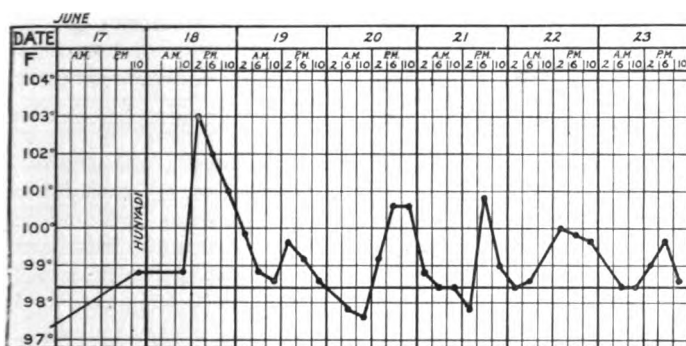


FIG. 1.—Showing sudden rise in temperature after the administration of the saline aperient.

The distress of the patient during these proceedings was so considerable, and her apprehension of each succeeding crisis so acute, with a morbid dread of operative measures, that I determined to try during the first latent period a therapeutic resource which the *tout ensemble* of the case suggested. *Atrop. sulph.* 3x, was given in 2-grain tablets, every three hours for a few doses, and afterwards less often. I had the great gratification of seeing the latent period subside this time, and for the

first time, without any further aperient measures, without the acute distress, with no rigor, and with an evening temperature of only 100.8° . Nor was a dose of aperient again given up to the patient's demise, some three months afterwards. The effect of the *atrop. sulph.* appeared to go over some intervening days, when it was temporarily intermitted; but whenever an *impasse* was again threatened, the drug, given in this attenuation every two hours for several doses, never failed to relieve, and that, on the whole, satisfactorily.

The diet was of course so regulated as to leave a minimum of solid residue. The temperature curve during the progress of the case was erratic; once at least an upward bound clearly followed a single drive in the carriage; again and again no definite cause could be assigned to the fluctuations; but these at their worst were never so wide in their range, nor accompanied by any such general distress, as those attending the exhibition of the saline. The thermometric observations were taken and the results noted on a four-hour chart during the whole time, so that the data were fully before us.

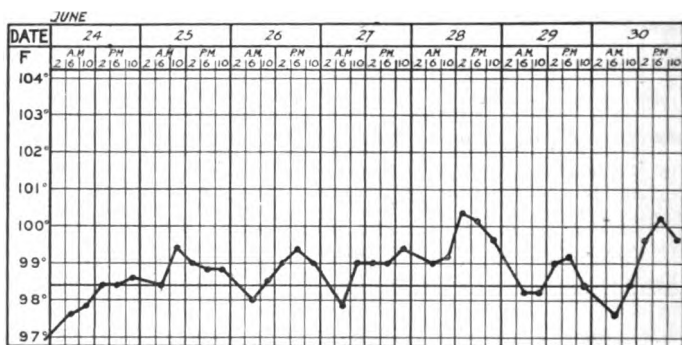


FIG. 2.—A type of the usual temperature-fluctuation after the substitution of Atropine sulph. 3x.

Intercurrent remedies were prescribed for intercurrent perturbations. When the temperature fluctuations rose over 100° *baptisia* was given every second or third hour as long as necessary. *Chamomilla* had a fair trial for abdominal pain, but was not found nearly so effective as the external application of *glycerole of belladonna* covered by a hot fomentation. *Hamamelis* was prescribed for

the hæmorrhage ; but this, though occasionally protracted over two or three days, never occurred in any material quantity. Six weeks before death œdema of both ankles was noticed, and the patient put on *arsenicum* ; and, as strength failed and recurrent pain became more acute, the occasional use of morphia and belladonna suppositories was resorted to (some six or seven times). The patient's demise took place, from *asthenia* and *marasmus*, some three months after the date of commencement of this history.

Nothing could be more striking than the continuous and effective action of the *atrop. sulph.* as regards intestinal evacuation. The relief accruing alike to mind and body from the painless and adequate action of this drug in this case was pronounced. It is not too much to say that it practically eliminated the most insistent symptom, and changed the character of the illness from an intolerable to a tolerable course. Other symptoms demanded attention, and the progress of the case was necessarily to a lethal issue ; but the unfailing and easy relief of the constipation, after the previous considerable difficulties, lightened the physical distress of the patient, while adding nothing to her remanent troubles.

NOTE ON COLOTOMY AS A PALLIATIVE MEASURE.

That the indications for colotomy as a measure for relief may be relative to the resources of the physician, rather than positive from the type of the affection, cases like the foregoing sufficiently attest. Some time ago I met in consultation an able and experienced physician, who said that throughout his long practice he had always been able to tide over, without operation, crises of constipation in intestinal malignant disease. And certain it is that futile surgical interference (as in cases of diffused carcinoma with multiple intestinal narrowing) may add to, not lessen, the gravity of the case. "Where," said a distinguished operator, "operation does not relieve obstruction from malignant disease, the issue is usually death following operation within two or three days." As this condition cannot be always pre-diagnosed, it is well to develop, as far as compatible with safety, the resources of the physician, rather than regard surgery as a deferred but certain panacea.

As in politics, so in medicine, the intelligent anticipation

of events likely to transpire is essential for successful directorship. It is astonishing through how narrowed an aperture intestinal action may be kept going if only the dietary and routine of the patient are thoroughly regulated to meet the known pathological state. I have removed an ovarian cyst, not of recent origin, from a patient where also the symptoms of intestinal difficulty had been also chronic, never acute. Here the descending colon was found narrowed by malignant disease to about the diameter of a cedar pencil. Yet no pouching of the colon had occurred on the distal side, nor had any unmanageable crisis of obstruction developed.

The legitimate sphere of action of the physician is undoubtedly where the abdominal symptoms secondary to obstruction are not acute. Mere absence of the customary evacuation, even with an evil tongue and sense of repletion, are not sufficient warrant for deleting further medicinal measures. Quite recently—and the experience is not uncommon—a patient, long under supervision with obstructive disease in the pelvis, developed a more inveterate state of constipation than heretofore. The usual measures were ineffectively tried, and some days having elapsed since the last stool, with no signs of re-appearance, a journey to London was proposed, only to be displaced by the tardy return of intestinal action. The whole genius of management in these cases is the avoidance of crises, and successful management is not simplified down to the mere routine administration of aperients. Each case must be individualized; and what may be obtained from adjusting the therapeutic measures the foregoing case attests.

THE HOMŒOPATHIC TREATMENT OF PERITONITIS.*

By FREDERIC NEILD, M.D. (Edin.).

WHEN some thirty years ago I began the practice of my profession as a follower of Hahnemann, there was little need to consider the treatment of a case of peritonitis save from the standpoint of the physician; when the possibility of a hernia or of some obvious obstruction

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could be put upon one side, any thought of operation might be dismissed, and one's undistracted thought and energy directed to the question how best to fight the deadly foe with simple weapons from the homœopathic armamentarium, with the aid that experience has shown may be obtained from skilful nursing, external applications, and dieting, without the paralysing doubt as to how far one was justified in going on without seeking for the counsel and aid of the surgeon.

The medicinal treatment of this disease by the two schools of medicine was definite and distinct; in the orthodox and dominant school, opium was the sheet-anchor, and how many must have been lulled to their last sleep by its use! Numerous (I had almost said *numberless*) as are the medicines of the homœopath, here in this disease he restricted himself to a very limited number. When aconite, belladonna, bryonia, colocynth, and merc. corr. had been named, you had a tolerably complete list of the remedies out of which a typical case of peritonitis would be treated by an average homœopath in any part of the world. Now the routine use of opium is condemned almost as strongly by the orthodox as by the heterodox; but, on the other hand, the homœopathic practitioner has never swerved from his confidence in the remedies indicated by our homœopathic rule, and of which the experience of a hundred years has amply confirmed the value. Without attaching too much importance to an argument founded upon what may be called a conservative basis, the presumption certainly is that remedies which have thus withstood the test of experience for so long and in so many hands, are worthy of a fair trial. Since the old school has learnt how delusive and mischievous the treatment by opium was, there can be no doubt its success has been much greater, and that in consequence there is not the great difference in favour of homœopathic treatment that existed in former years. Although that is so, I am here, gentlemen, to maintain that, so far as the medicinal care of cases of inflammation of the bowels is concerned, we can still do better than our brethren of the old school.

For the last twenty-five years my practice has been a large one, and probably an average number of cases of general and local peritonitis have come under my care; and yet, excluding cases where there was obviously

perforation of some part of the intestinal tract, cases of chronic tubercular peritonitis, and one, or possibly two, puerperal cases, every case has recovered, and not in a single instance has a patient of mine been operated upon for appendicitis. In one instance a delicate, overgrown lad of tubercular tendency was very ill in this disease, and bad symptoms having shown themselves, I wired for one of my most trusted and honoured surgical colleagues, who entirely agreed as to the necessity for an operation. At the last moment the parents withheld their consent, and the boy justified them by making an excellent recovery; he had no recurrence, and is now a fine, well-grown young man, who is yearly getting stronger and more robust. In another case of recurrent appendicitis, in a young lady, who had had at least five attacks, we agreed with the parents that if she had another a surgeon should be called in; that decision was arrived at ten years ago, and the next time is still to come. In yet another and recent case, which gave me much anxiety, the patient and his only near relative were opposed to any operative interference, and I must say that this fact was a great additional burden, for it seemed like fighting with one avenue of escape closed; there was, after some days of fairly satisfactory progress, a severe relapse, and when the temperature was falling and the pulse rising badly I was permitted to wire to a very distinguished surgeon; he was unable to come that day, and in a few hours the more dangerous symptoms lessened, and ultimately the patient made a good, though tedious recovery. I confess that, in spite of my experience, the fact that in this case I was practically barred from surgical help, added greatly to my anxiety. What has been said will show how fully I recognize the fact that there must be cases where nothing but an immediate operation can save the lives of our patients, and, most assuredly, it is better to operate once too often than to lose a patient; but whilst inculcating the most anxious and earnest watching of each case for danger signals which may indicate surgical procedure, I would, as a homœopathic physician, magnify my office, and have cited these cases to show how much may be done without the surgeon's aid. This brings me to consider the question whether the eminently successful operation in skilful hands of removing the appendix can do harm. For obviously,

if it cannot, the routine practice of removal, in at least all cases that recur, is more than justified, and the physician must here take a back seat. I believe that the operation is by no means free from harmful after-consequences, and that no case should be subjected to it unnecessarily. In this opinion I am strongly supported by Sir William Bennett, of St. George's, himself a surgeon of no mean position, and by Dr. Goodhart. The former, when delivering the Annual Oration of the Medical Society of London in May last, said, speaking of exploratory operations :—

“ I find that within a comparatively short time I have been brought into contact with no less than sixteen cases in which persistent troubles—arising, it has been said, after abdominal exploration—have been complained of. Ten of these came under observation on account of troubles connected apparently with the operation.”

Sir William may here be further quoted :—

“ It cannot be contended that the removal of the appendix is always called for, or that it invariably relieves the symptoms for which the operation was performed. For the proper application of a treatment which may itself cause death (fatal results do sometimes follow the operation of removal of the appendix even in the quiescent stage), may not relieve the symptoms for which it has been carried out, and is sometimes followed by grave complications, such as, for example, extensive thrombosis, must clearly demand an amount of judgment in its application which is altogether incompatible with mere routine.”

He further says :—

“ It is by no means certain that the lethal tendency of recurrent appendicitis is as great as we have come to suppose. Many people live the ordinary span of life without operation, who have been subjects of frequently-recurring attacks of appendicitis, a statement which receives considerable interest from the fact that it would be easy to indicate a number of persons in the medical profession who, whilst they are the subjects of recurrent appendicitis, show no great anxiety for operation.”

Dr. Goodhart, in his most interesting and beautiful address, entitled “ Where Memory Sleeps,” says :—

“ Take such a case as this that occurred to me not so very long ago : A young man with a young wife and

family, with a disease that must eventually be fatal, and yet is removable now at great risk, but with some hope of cure. Surgery with its enthusiasm—progressive surgery is always young—says that it ought to be removed, and that now is the only time. The real risks are minimized or forgotten, and the patient is half-urged through his relatives to undergo the chance. The onlooker sees chiefly the *risk*, and thinks that it would be better for the sufferer to live his few months certain, with those who are near and dear to him, than to accept what is too often the remotest chance; and I am inclined to think that it is too often the remotest chance, for memory sleeps in such cases in a measure, and the disease is considered and the patient forgotten.”

“Take the very instance of appendicitis. The risk of an operation, if performed at the right time in a relapsing case, is said to be 1 or 3 per cent—anyhow, it is something very small. But then, an average of this kind rules out all the cases where there has been a mistake in diagnosis, and it rules out all exceptional cases, which is neither fair to the patient from one point of view, nor to the surgery from another. The patient or his adviser wants to know—taking appendicitis as it is now and as it was in former times, that is, when it is operated upon and when it was not—Do more recover now than then, or did more recover then than now? We need to know, not only the percentage of deaths in 100 *selected* cases, but the percentage in all cases, bad and good, those rightly interpreted and those mistaken. The average is of no help to me if, when acting upon it, I advise an operation in a young man and he dies suddenly three or four days afterwards from pulmonary embolism. This has happened within my own knowledge once, and I have heard of another case. The patient or his adviser needs to know, too, in what number of cases the after-result is one of discomfort; because in these days, when one hears so much of the evil effects of adhesions, one would suppose that an operation done in mistake upon a healthy appendix might initiate a perpetual discomfort afterwards.”

And now, having endeavoured to show you that medicine is capable of conducting to a successful issue a large majority of cases which come under the heading of peritonitis, let us consider what are the remedies which are generally used in the homœopathic school for this

disease, and how they are to be chosen. Let me say here that, although one is apt to get into a routine manner of prescribing for any particular disease, especially after a series of successful cases, and I am ready myself humbly to cry *peccavi*, yet I do believe in a careful search for the similimum by means of a Repertory and Materia Medica. I have often been rewarded for such care in times past, and I can assure those who may determine to begin the practice of homœopathy that this is the only "royal road" to success; they must be willing not unfrequently to spend as much or more time upon the diagnosis of the remedy, as upon the diagnosis of the disease. Let us suppose that one of us has been called in to see a patient who has vomited once and is suffering from severe pain in the abdomen; the anxious face and typical attitude tell almost at a glance what we may expect, and when we find the quick, wiry pulse, moderately-raised temperature, with the abdomen sensitive to the least touch, the pain being increased the deeper your pressure, peritonitis may safely be pronounced to be present. Before commencing treatment any removable cause must be earnestly sought for, otherwise your patient's life may be endangered, and yourself and the cause you represent disgraced, by overlooking signs and symptoms which should have led you to have recourse to the surgeon. We will take for granted that this care has been exercised, and that no reason appears against treating the case medicinally; you will do well to begin with *aconite*, which is especially indicated by the character of the pulse and the anxiety. Special indications for *aconite* are: The respiration hurried, patient extremely anxious, abdomen distended and very sensitive to touch, thirst, scanty urine, which is red or dark-coloured. One or two drops of the first decimal given every hour for a few hours may change the whole aspect of the case; the pulse becomes fuller, softer, and slower, and much has already been attained.

Bryonia, as in the analogous affection of the pleura, is next to be thought of, and may be given in alternation with the *aconite* every one or two hours. Its indications are: Stitching or shooting pain, worse from the slightest movement or pressure; thirst; mouth dry; tongue thickly coated, white or brown; obstinate constipation. It is said to be especially useful when the diaphragm shares in the inflammatory action.

Belladonna is one of our most valuable and reliable medicines in this complaint. The pulse should be full and strong, the larger arteries throbbing, face flushed, and eyes brilliant; delirium is not often present in peritonitis, but if it should be it would be a further indication. The abdomen is distended, the pains are cutting, and worse from motion or touch. I have always felt that belladonna was specially indicated in localized peritonitis, particularly when there is much local swelling, as in pelvic cellulitis or perityphlitis.

Mercurius corrosivus is the medicine of all the rest which is apt to be used empirically; belladonna and merc. corr. in alternation being what may be called the routine treatment of our hospitals, just as opium and calomel used to be in the old-school hospitals, followed in later years by saline purgatives, and later still by expectancy, with a watchful eye "on the pounce" for operation; and very successful belladonna and merc. corr. usually are. I am convinced, however, that the greatest success can only be attained by a careful choice of the similimum. For merc. corr. there should be a profounder affection of the whole system than that which calls for bryonia; the patient should be more ill; creeping chills with cold surface and sweat which does not relieve, offensive breath, tympanitis, and very sensitive abdomen are the main indications. It is especially useful in local peritonitis, but does well also in the diffuse, where such symptoms as I have detailed are apt to be present.

Colocynth is to be thought of when the pain is specially spasmodic and colicky. I have found it of great value, removing the temptation to give morphia. Its provings show that in poisonous doses it has the power of producing an active inflammation of the peritoneum, accompanied by effusion.

Cantharis may be mentioned in the not infrequent case where, owing to the peritoneal coat of the bladder being involved, there is vesical tenesmus.

The only other medicine that need be mentioned as likely to be frequently useful in the acute stage of an attack of acute peritonitis is *crotalus*, and that remedy is always to be thought of when the symptoms are more malignant and there are signs of sapræmia and septicæmia; it is a remedy which I cannot doubt has often served me well. When once convalescence has begun, the help of

other medicines may be required, *e.g.*, *sulphur* to promote absorption, *plumbum* or *opium* for constipation, *hepar* or *silicea* where there is a tendency to the formation of an abscess, shown either by the local signs or by the temperature.

Let me take this opportunity of saying that, looking back over my cases, I have not found any great tendency to the formation of pus, or rather to the formation of an abscess which has had to be evacuated artificially, or has opened into the intestines. I imagine that in most cases where a larger or smaller swelling occurs at the seat of inflammation, that there is a risk of an abscess, but that under the influence of rest and medicines the swelling subsides and the risk is over. I suspect, however, that occasionally pus is formed and absorbed again. I have no doubt that this does occur when the patient is under favourable conditions; at any rate I cannot recall a case where the swelling did not gradually subside without the symptoms or signs which would have led me to suspect an opening into the bowel; unquestionably I have never had a case which called for an external opening. I can recall a case in a middle-aged lady where the swelling in the right flank was the largest I have ever seen, and where the subsidence was slow and the temperature was reluctant to go down, and yet where a gradual and absolutely satisfactory recovery took place. I would much rather have a case where swelling is present than otherwise, for then, I take it, the focus of mischief is sealed, and the danger of diffuse and septic peritonitis much lessened.

In the treatment of the puerperal form of peritonitis, the same remedies that we have seen will probably constitute the armoury from which all the necessary weapons may be drawn; but *belladonna* is more certain to be required, and *crotalus* or *lachesis* will be helpful in the great majority of cases. Puerperal peritonitis varies in its intensity like all other diseases, and some unmistakable cases yield as readily to treatment as the slighter forms of localized peritonitis. But on the whole the tendency is to greater severity, and I have never known more anxious cases than it has fallen to my lot to attend in this form of disease.

I need hardly say here that modern knowledge demands an exploration of the uterus, and curetting, if there is

reason to suspect any retained piece of placenta. Frequent douches or constant irrigation cannot fail to be of service. Probably most of my hearers have heard of the student, who, confronted by an examiner eminent for a treatment of certain dangerous cases, and asked by him what he would do if called in for one such case, replied with ready wit, "I would send for you at once!" With a case of puerperal peritonitis in hand, I strongly recommend that counsel should be sought, and we may congratulate ourselves that on the staff of this hospital are men whose diagnosis, and skill in doing whatever is necessary, may be absolutely relied upon.

Here let me briefly relate a case in point which occurred in my practice some years ago, where peritonitis came on in the puerperium, but which was not puerperal peritonitis. My patient was in lodgings in Tunbridge Wells for the lying-in; the labour was uneventful, and for a few days all went well, when suddenly severe pain set in, which soon showed itself to be the onset of peritonitis, which became general. There was improvement at first, but from time to time within the next few days there were fresh accessions of pain, with worse symptoms, and I called in my friend, Dr. Burford, who agreed as to the peritonitis, but, in the absence of any definite cause, counselled a continuance of treatment; there was again marked improvement for about three days, then she was less well, and became so ill that one week after Dr. Burford's first visit I sent for him again. Our patient was moved to a Nursing Home, and laparotomy was immediately performed, and the cause of the peritonitis was found to have been an ovarian cyst which, loose and flabby, had lain like a cap over the pregnant uterus, and so escaped attention; its support being taken away, its pedicle had been twisted and strangulation been produced. Although the patient was so ill that it was a question whether she would live through the operation, she made an almost uneventful recovery, and I had the pleasure of attending her in a subsequent confinement where all went well. Here was a case where nothing but an operation could possibly have saved the patient, and it may be said also that without an exploratory incision a diagnosis was almost impossible.

Let me contrast this case with another, where the cause was definite and obvious. A gentleman called at my

house one evening to ask me to attend his wife, who expected her confinement in three months; he mentioned, almost casually, that she was suffering from pain in her side which he thought was "wind." I pressed him to allow me to see her at once, but he would not; at 1 a.m. I was sent for, and had just time to ascertain that she had severe pleuro-pneumonia, with high temperature, when the child was born. Three days of unremitting attention on the part of my partner and myself followed; once for a few hours it seemed as if success might have crowned our efforts; but, apart from this transient improvement, one bad symptom followed another until the end came. Surely here operation would have been a mockery.

There is probably no more depressing influence, or one more productive of a fatal inertia, in treating a disease, than that of a hopeless prognosis; and I am convinced that in the days prior to the open-air treatment and to laparotomy, many and many a curable case of tuberculous peritonitis was allowed to drift hopelessly to the grave. I have no doubt, too, that a certain number did recover, though such was the pessimism of those days that when a case did get better the diagnosis was supposed to be wrong, especially if the recovery was ascribed to homoeopathic medication!

What is more curable, so far as the immediate attack is concerned, than pleurisy in the early stages of tuberculosis? And we may be sure, as our own Hughes in one of his flashes of wisdom suggested, that peritonitis occurs in a precisely similar manner. In looking back I can see now that some of my earliest cases were tubercular peritonitis. A very typical one of the general form, without septic symptoms and without obvious cause, under my care about the year 1880, and which I diagnosed as rheumatic or idiopathic, was no doubt really tubercular. It occurred in a young lady of 18 or 19, thin and delicate, and whose only brother died a year or two after of rather rapid pulmonary phthisis. She made an excellent recovery under aconite, bryonia, and colocynth, followed (I believe) by arsenic and sulphur on account of copious effusion. I believe that she is still well.

The marvellous and almost inexplicable results of an exploratory incision in cases of more chronic tuberculous peritonitis, are causing a feeling to arise in the profession

that there is a tendency in these cases to spontaneous cure. That may well be so, and as homœopathists do not let us fear to face this fact, if it should prove to be a fact; for unless there is a tendency to spontaneous cure in any disease, when such disease is put under favourable conditions, I doubt if any cure is ever effected. We recognize freely the "*Vis medicatrix naturee*," and it is for us to act as Nature's skilled assistants and, by the aid of her laws applied as knowledge and experience dictate, to help her to cure disease. As homœopathists we believe that the law of *Similia similibus curentur* is one of the laws of nature, and, following this guide and leaving nothing else within human knowledge undone, we shall attain results appreciably beyond those attained by those who do not follow this rule.

I have never been one who has been keen to claim any and every new treatment as coming under our law, for surely it gives us scope enough; but in the absence of any better explanation I cannot help the suggestion that an exploratory incision in tuberculous peritonitis may exercise a homœopathic effect. We know that a slight traumatic inflammation is set up, and this may well excite a favourable action on the serous membrane and its tubercles. I suppose each of us older men has his own theory of the way our rule works; we all admit the rule, but have different theories of its *modus operandi*. When I was a student in Edinburgh I well remember Dr. Sanders, then Professor of Pathology, who succeeded our own Henderson—perhaps some microbia homœopathica had been left in the chair!—pointing out how different diseases had affinity for certain organs and tissues, and how different drugs also attacked certain organs and tissues; and I remember that he said that he believed that in these two facts the future of therapeutics lay. There he left the question, but you may imagine that I did not. Put it this way: a certain disease affects certain organs, and from the symptoms one knows what organs are affected. A certain drug given in material doses affects certain organs, and from provings or cases of poisoning one is able to know what organs are affected by this drug. What is more reasonable than that when, from the symptoms present, one knows that the functions of a certain organ are disturbed and perverted, one should choose as a remedy a drug which has been found to act

similarly upon that organ, and give it in doses which can only act as a gentle stimulus to the part affected? Whatever may be the explanation, however, this is what as homœopaths we do every day, and with excellent results. Surely the idea is not very far-fetched of suggesting that the traumatic inflammation set up by the surgeon's knife, may act in the same way as would an inflammation produced by a locally-acting drug.

I have no statistics to lay before you as to the comparative treatment of peritonitis, but I will give you round figures with regard to two other diseases, which will illustrate what I mean. The practice of Fleischmann at the Homœopathic Hospital in Vienna attracted great attention about the forties of last century, mainly as regarded pneumonia; in which disease his success was so great compared with the (then) orthodox practices of blood-letting and large doses of tartar emetic, that those who allowed themselves to observe were on the horns of a dilemma. If they believed that homœopathy was a system of doing nothing, then doing nothing was tremendously better than the recognized treatments. Some of the many young men of talent then in Vienna, had the boldness to abandon the heroic treatment that was then slaying its tens of thousands, and adopted what was called the "expectant treatment," which in comparison soon proved to be a great success. But Fleischmann's figures were never reached, by a material percentage, and Hughes Bennett, one of the most brilliant of the expectant school, in order to account for the superiority of the homœopathic figures, had to suggest that it was a question whether *all* cases were received into the Vienna Homœopathic Hospital.

Take diphtheria, again, some most interesting and suggestive figures were lately presented to the British Homœopathic Society, in this room. It appears that in the pre-antitoxin days the results of treatment in this hospital as compared with those obtained in the city hospitals were between 2 and 3 per cent better; when antitoxin was introduced there was almost an identically equal drop in the mortality; but the homœopathic figures remained between 2 and 3 per cent ahead!

I have not been able to lay my hands upon recent figures in respect of peritonitis, but Fleischmann claimed one death in rather more than twenty-five; this was

compared with figures furnished by the Edinburgh Royal Infirmary, where there was one in rather more than four; in both instances, no doubt excluding puerperal, obviously tubercular, and traumatic cases; and with this proviso I see no reason why Fleischmann's figures should not be equalled under modern homœopathic treatment; my own experience, which is naturally limited, is just as favourable, so far as it goes.

I mention these things to inspire us with hope. Obviously, the more severe and protracted a complaint is, the less is the tendency to spontaneous cure, but who shall draw a line and say, on this side there is a tendency to cure, but on that none? The more we realize that a disease may be cured, the more determinedly we shall seek to cure it, and the better our results will be. Take this chronic tubercular peritonitis as an example. Banes, the painstaking writer of the article on "Peritonitis" in *Ziemssen's System of Medicine*, gives the prognosis of tubercular peritonitis as absolutely hopeless; and yet now no less an authority than Mayo Robson says that after operation there is a prospect of cure in 60 per cent, and definite cure results in 33 per cent. Those of us who have experience in the practice of homœopathy, cannot doubt that by the prolonged and careful administration of such essentially chronic disease remedies as arsen. iod., calcaria carbonica, c. iodide, calc. phosph., silicea, and hepar, our results may be even better.

Do not let us think that 2 or 3 per cent is a neglectable quantity. It is far from that, if it were only the lives that are saved; but it is more than that—it means shorter and more comfortable illnesses for many of those who recover, than would have been the case under other treatment, and this is much indeed. One case proves nothing; but the one whose outlines I will briefly give was a most unpromising one, and is an illustration of what may be done by modern medicine and surgery. In the spring of 1901 a lady, the wife of a missionary, entered my consulting-room one afternoon, complaining of distension of the abdomen. She was about 29; had three children (the youngest, three months old, she was nursing); her temperature was 103°, although she had walked a mile and a half to my house. The distension was found to arise from ascites; in fact, I had to do with tuberculous peritonitis. I sent her home to bed, and sent

my daughter to look after her. Under rest, open-air treatment, and medicine, chiefly arsen. iod. and calcaria, there was, perhaps, a slight improvement for a time; then the power of the disease re-asserted itself, and the temperature rose daily to 103° and 104°, and we got her into our hospital and asked Mr. Knox Shaw to see her. He was good enough to operate, in spite of the contra-indication of the pyrexia; the fluid was tilted out of a peritoneal cavity, whose walls were thickly studded with tubercles; and gradually at first, more rapidly afterwards, the patient recovered and was able to resume her duties. What is said not to happen, did happen in this case. The wound was evidently infected, and healing was slow. The lungs, which were affected at the time of the operation, afterwards gave trouble again, and she went to an open-air sanatorium, and again went home well, and, I believe, has remained so—anyway, she came with her husband to show herself at the beginning of last year, and then appeared to be very well.

I perhaps ought to have said more as to the potencies used; in acute cases I have always used the low dilutions, but in the chronic, except as regards arsen. iod., where 3x or even 2x has served me well, and hepar, where I like 2x, I have usually used the medium or higher.

Indications for operation in peritonitis in general, and appendicitis in particular.—I never treat a case of peritonitis without keeping constantly in mind that, whatever have been my results hitherto, this one may be a case requiring operation; and a few words upon the indications for operation may not be out of place, for it is of little use to save a case by medicine if one loses another for want of surgery. Dr. Burford has pointed out very clearly some of the signs of danger, and I would recommend everyone to read his paper, which was published in the *Transactions of the British Homœopathic Society*. Perhaps the main one is a tendency to the pulse rising, although the temperature remains stationary or even falls. An undue persistence of the disease should be a warning that it is wise to get the opinion of an expert. Often the eye of experience may see danger, which a mere cut-and-dried report might give no token of. Sir W. Bennett, in a more recent paper than the one already quoted, contrasts two cases which came under his notice about the same time, and which illustrate this point. Both were of boys, and

both were cases, apparently not specially severe, of appendicitis; both had quick pulses and high temperatures. On the second day in each the pulse and temperature had fallen, but in the one case the lad looked more ill, he was more apathetic, and had dark rings under his eyes. On these grounds Sir W. operated at once, and found the appendix gangrenous, and the operation more than justified. In the other the boy was obviously better, and keenly alive to the possibilities of operation, and nothing was done, and this also was justified by recovery.

Sir Frederick Treves' rules for operation:—

1. One should not operate the moment a diagnosis of appendicitis is made.

2. Immediate operation, is only indicated: (a) In fulminating cases, *i.e.*, those in which constitutional symptoms are unusually severe; (b) Perforated cases, as soon as there is a reasonable certainty of the presence of pus.

3. In other cases it is seldom necessary to discuss operation until about the fifth day, if the constitutional symptoms are still persistent.

4. Seeing that the great majority of cases relapse [I have not found it so], it is advisable to remove the appendix in the quiescent stage after the first attack.

It is perhaps right that I should shortly indicate the general lines, apart from medicine, upon which I have gone in my treatment of peritonitis in its various forms. Absolute rest need hardly be mentioned, as in anything like an acute case nature enforces it; but I am inclined to think that an error may be made in allowing a patient to leave the bed or the couch before tenderness has entirely gone, and even after that care should be taken that return to active exertion should be very gradual. In this connection I remember a case of a boy whose parents lived eight miles from my house; he was suffering from a sharp attack of appendicitis, complicated by pneumonia; there was a history of three previous attacks, and so much tenderness of the abdomen had been left that the lad (whether by his device or not, I do not know) wore a thin metal plate over it! The present attack had been apparently induced by whooping-cough, which, of course, accounted for the pneumonia. He made an excellent recovery and never had another recurrence, and lost all his tenderness, mainly, I believe, because I only very

gradually allowed him to go back to the ordinary activities of a boy's life ; he would come in every few months and beg for leave for this, that, or the other sport or game, until once more he was free again for all ; he has for the last four or five years been mining in Klondike.

I have been in the habit of applying thin, light poultices, or hot fomentations to the abdomen, and where the pain has been very severe I have had the abdomen painted with belladonna and glycerine. Where there have been symptoms of obstruction, I have used large enemata of water, and frequently of olive oil, given through a long tube, say, a No. 12 catheter, put over the nozzle of a two-ounce glass syringe. Where flatus was passing I have never been very anxious to get the bowels to act until the inflammation has subsided.

The diet I believe to be of primary importance. Here I have followed Mr. Thomas, of splint fame, whose views were once brought before us by our late revered friend Dr. Drysdale ; he gave water biscuits and small quantities of meat broths. I rigidly exclude milk, giving meat broths and farinaceous foods, but, perhaps, somewhat more liberally than did Thomas. A colleague of ours, when a youth, before he became a student of medicine, was treated by Thomas for appendicitis, and found his diet severe, though effectual. He told me that Mr. Thomas's parting advice to him was, that wherever and whenever he had an attack again, he must take care to be treated homœopathically. The judicious use of water is of much value, not only in cases of persistent sickness or hiccough, where sips of hot water are strongly indicated, although sometimes morsels of ice seem to do better and are more grateful to the patient, but may always be given, and sometimes freely, in all cases.

Here I must refer to the use of opium or morphia for the relief of pain. It is very hard to stand by a patient suffering from severe pain, and know how possible it is to give prompt relief by these means, and to withhold our hands ; and I am not prepared to say that the administration of opium in some form may not be the less evil in some cases ; but that it is in peritonitis, as in many other diseases, a very dangerous remedy, I have not the slightest doubt, and, given this knowledge and an intelligent handling of the indicated homœopathic remedies, it is wonderful how seldom the temptation

becomes too strong to be overcome. There are cases which appear hopeless, and in such surely one may rightly give such palliation? There are few cases, however, in which it is safe to give a hopeless prognosis, and it is astonishingly easy to fritter away a few years of life without anyone's knowledge.

Let me illustrate this: In my early days of practice I was called in to attend an old man of 78 who was suffering from bronchitis. I left him medicine; the next day he was somewhat better, but after that he began to lose ground, his tongue became dry, he began "to wander," and his chest had more râles than ever. Fortunately, before it was too late, I happened to see on the mantel-piece a bottle of a celebrated local cough medicine, to which I drew sharp attention, and was told that they gave him that "to ease his cough!" Deprived of this cough-easer, the old man never looked behind him; he lived five years, and his wife, who would have been left destitute had he died then, was provided for. And yet, if death had come then, and his wife had been asked by sympathetic neighbours, who attended him, etc.? the answer in all good faith would have been, "Oh, Dr. Neild attended him, but the only thing that gave him any relief was 'Wood's Cough Linctus!'"

Dr. Saundby, of Birmingham, one of the best prescribers in the old school, in writing of phthisis, uses words like these: That he questions whether any medical man is justified in giving a cough mixture without warning the patient that he is giving relief at the expense of shortened life. Facts such as these ought to make us thankful for our larger hope.

And now my time is more than up, and I fear that, considering how little time I have devoted to what is the title of my paper, *viz.*, the Homœopathic Treatment of Peritonitis, you may be disposed to cry with Prince Hal, "Oh, monstrous! but one halfpennyworth of bread to this intolerable deal of sack." But the sack in my case has, I hope, helped the bread more pleasantly down, and, to drop my metaphor, it seemed necessary to show my reasons for maintaining that homœopathy has a high claim to be considered in the treatment of the disease of which I am speaking; and in addition, I am earnestly anxious to rouse up the younger amongst us, and those who may be induced to join us, to a more strenuous life;

and I would rather indicate the principles upon which our practice should be based, than by too careful detail tempt anyone to a slavish following of my practice. In urging medical friends of the old school to put our principles into action, I have always advised that in the first instance they should try drugs possessing well-known physiological actions, *e.g.*, ipecac. and merc. corr., and thus gain confidence in our rule of practice.

Many years ago, speaking on these lines to my late dear friend, Dr. Bishop, of Edinburgh (he who married Miss Isabella Bird, the well-known traveller), I instanced how, acting upon my knowledge of the physiological action of elaterium, a knowledge only got from Christison and its use in old-school practice, I had cured in six weeks with the third decimal a case of chronic diarrhœa, after long treatment and failure of other drugs. His disappointing reply was "Yes, I know you, and believe what you say, and when I get a case of squirting diarrhœa I shall think of squirting cucumber!" Oh, *Cæca mens hominis!* Here was Bishop, one of the fairest-minded men I ever knew, and one who was closely associated with Lister (he was his private assistant), and had himself written a ponderous prize thesis on the antiseptic treatment; with Lister he had suffered from the parrot cry, "Don't tell us your theories, tell us what you do!" And Lister (and Bishop) used somewhat impatiently to reply, "If you don't believe my theories you will not do what I say." It is sad, indeed, that such a man as Bishop was should allow himself to be so blinded, as not to see that he was answering me after the manner he objected to in others.

Lister's triumph is complete, Hahnemann's still lags; medicine in the natural order of things can never hope to be such an exact science as surgery, and this accounts for some of the difference; but with a revival of enthusiasm (you all know what enthusiasm means, divine afflatus) amongst us, our great Master's work may yet be crowned. There is much to do and few to do it; as was pointed out last week by Dr. Black, there is much need of more and simpler provings. Each of the younger members of our body may act upon the advice given me by our beloved Drysdale, "Take a remedy and make it your own." He did not preach what he did not practise; we know how magnificently he made kali-bichrom. his own, and we also know how, after his death, and thirty or

forty years after he published his schema, that the Professor of Materia Medica in the University of Edinburgh published a series of cases illustrating the use of. kali-bichrom. in ulceration of the stomach, for which Drysdale's writings had prepared the way.

In adopting homœopathy, one does not enter upon easy work; a homœopath, more than any other, ought to be armed at all points, and, above all, he ought to make himself as much at home in the use of medicines according to our rule as his brain will permit. We cannot all be enthusiasts, but we can all endeavour to do our day's work in the daytime, bravely and honestly.

Let me say that, looking back upon more than thirty years of practice, I have never regretted taking pains over my cases, and pains particularly in the careful choice of the best homœopathic remedy; but I have regretted, and do regret, that I have not been much more painstaking, and if I can stir up some of you to better work than I have done some amends will be made.

In a building dedicated as this is to the service of humanity, I need make no apology for quoting some lines from the old American quaker poet, Whittier:—

“ Besides the unveiled mysteries
Of life and death go stand,
With guarded lips and reverent eyes,
And pure of heart and hand.

So shalt thou be with power indued
From Him who went about
The Syrian hill-sides doing good,
And casting demons out.

That good Physician liveth still
Thy friend and guide to be,
The Healer by Gennesaret
Shall walk thy rounds with thee ! ”

One concluding word. I was much struck by the remark of one of the late House Surgeons here, a gentleman now worthily upholding our standard on the Sussex coast. He said that he was led to homœopathy by pneumonias and diphtherias. If I may be permitted to hope that, as the result of my poor words, someone in the future will enlarge the list, and say that he or she had been convinced of the truth of homœopathy by pneumonias, diphtherias, and peritonitises, I shall be more than rewarded for any trouble I have taken.

VISIT TO AN OPEN-AIR SANATORIUM.

By JAMES SEARSON, M.D.,

Assistant Physician to the London Homœopathic Hospital.

I HAVE within the past few days had occasion to pay a visit to the Hailey Open-air Sanatorium at Wallingford, and feeling that many of our colleagues might find it useful to know something about it, I am furnishing this little account of my visit.

I travelled to Goring station from Paddington, and was met at the station by Dr. Arnold, who acts as physician-in-charge, and was driven by him to the Sanatorium, a distance of five miles. It is situated on a plateau between 300 and 400 feet above the sea level, and the estate on which the chalets are placed is secluded, and distant from high roads and obnoxious neighbours. Forest trees and shrubs surround it, but are not so near as to interfere with the free circulation of air. The air itself was most bracing.

The feature of the treatment in this Sanatorium is that every patient occupies a separate chalet, each of which is raised above the earth upon blocks of wood or stanchions, so that there may be a current of air underneath the floor to prevent damp. There is a verandah on the south-western aspect of each chalet in which the patient can rest by day. The floors are 10 feet square. There are windows on each of the four sides, enabling the patient to obtain the benefit of the sun by day, and shelter from the wind by the simple expedient of closing the windows on the exposed side.

The plan of treatment comprises suitable rest, suitable exercise, abundance of fresh air, and plenty of good food; after meals a period of rest out of doors is enjoined, during which the patients lie on comfortable reclining chairs with plenty of rugs and hot water bottles. The more weakly ones rest there most of the time, the stronger ones take long walks in the charming country around.

I took advantage of Dr. Arnold's kind invitation, and stayed to luncheon. The Doctor sat at one end of the table and Mrs. Arnold at the other. The dining-room, which is in the house proper occupied by the Doctor, really consists of two large rooms thrown into one. The patients (of whom there were probably twenty) looked wonderfully clear and well, and, with the exception of

recent arrivals, there was little, if anything, in their appearance to suggest the ailment from which they were suffering. The windows and doors were all widely open, and, as it was rather a cold day, many of us preferred to keep on our overcoats during the meal, as the room felt distinctly cold. The temperature was probably, I should say, about 45° F., and some of us had to rub our hands occasionally to keep up a glow. I learn from Dr. Arnold that the cold air is considered an advantage rather than a drawback, as it enables the patients to enjoy comparative immunity from hæmorrhage and night-sweats.

An excellent meal was served, consisting of a well-cooked joint of beef handed from one end of the table and roast poultry from the other. This was followed by apple-tart, with rice and cream, and cheese and fruit. Milk was the only drink. It was served bountifully, both hot and cold, and there was no sign of invalidism on the part of any of the patients, judging by the hearty way in which the meal was apparently enjoyed.

The patients all seemed very jolly, and I can conceive of no more excellent method for the treatment of phthisical and chest cases. Both Dr. and Mrs. Arnold were kindness itself, and I am sure they would be more than pleased to welcome as visitors any of our colleagues who would like to see the place for themselves.

WIMPOLE STREET, W.

REVIEWS.

The Transactions of the Sixtieth Session of the American Institute of Homœopathy, 1904. Chicago Publication Committee, 1904.

WE congratulate our American colleagues on the issue of this large and handsome volume. It is full of valuable and interesting papers, and is well worth perusal and study. It represents a very large amount of important work in all the various sections and bureaux. The address of the President, Dr. John P. Sutherland, of Boston, Mass., is a very able and instructive one. We think so highly of it that we are reproducing it in our pages, and our readers can thus judge

of it for themselves.* The first paper in the volume, by Dr. Bellows, of Boston, on "The year's progress in the test drug-proving of the American Homœopathic Ophthalmological, Otological, and Laryngological Society, with some results obtained," is a most interesting one, showing the care and minute attention to the drug-proving, which in this case was of belladonna, on Dr. Bellows' very perfect methods. The results were very interesting and instructive. This paper has been brought to the notice of the Committee of Drug-proving of the British Homœopathic Association.

WE notice an interesting paper by our colleague Dr. J. W. Hayward, of Liverpool, on "Does there exist real and positive evidence that a drug attenuated beyond the demonstrable desirability of drug-matter has remedial power?" and it elicited in the discussion an able speech by the late Dr. Conrad Wesselhoeft. This paper and the discussion we shall probably notice at greater length in a subsequent issue of the *Review*.

Our space will not permit us to speak in such detail as we should like of many of the papers. We can only therefore say that they are generally of a high order, and will well merit perusal.

The meeting of the Institute was held at Niagara Falls from June 20th to 25th.

The Mnemonic Similiad. By STACY JONES, M.D., Author of *The Bee-line Therapœia and Repertory*. Philadelphia: Boericke & Tafel, 1904.

WE regret that we cannot praise this book. It is an attempt to aid the memory in regard to the characteristics of each drug, by putting these characteristics in the form of doggerel rhymes, or, as Dr. Jones calls it, "encroaching upon the realms of poesy." If this is a help to the memory of any one he is welcome to it. For ourselves we cannot see the good of it, nor do we think it conduces to the dignity of the profession; though it is possible it may appeal to the tastes of some who are otherwise constituted than ourselves.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session 1904-5 was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, February 2nd, 1905, at 8 o'clock. Dr. James Johnstone, President, in the chair.

* We regret that want of space obliges us to postpone the publication of this address till our next issue.

SPECIMENS.

The following specimens were exhibited : (1) Macroscopic and microscopic specimens of rectum obtained post-mortem from a case of ulcerative colitis (Dr. Byres Moir and Dr. Frank A. Watkins) ; and (2) A uterine myoma, showing subperitoneal submucous and intramural growths and calcareous degeneration. The tumour was removed for threatening pelvic impaction. Recovery. (Dr. Spencer Cox and Dr. Edwin A. Neatby).

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

Under the auspices of this section a paper was read by Dr. Murray Moore, of Liverpool, entitled "A Clinical and Pathogenetic Study of Delphinium Staphisagria," of which the following is an epitome :—

After dealing with nomenclature, botanical identification and classification, pharmaceutics and authorities, Dr. Murray Moore brought before the Society the leading symptoms of Hahnemann's proving of staphisagria arranged in the order of the schema, illustrating each section by recorded clinical cases ; thus following the arrangement of Kali Bichromicum by Dr. Ord, printed in 1899. The cases recorded were obtained from a laborious search in homœopathic literature, from which it appears that staphisagria has been a little used drug. Under *mind and emotions* the symptom "very peevish in the morning, wants to throw away anything he takes up" was emphasised as a keynote. Vertigo when sitting relieved by walking about in a circle. Pressive heavy headaches, especially with the sensation of a round ball in the middle of the forehead, itching with dry or moist eruptions on the scalp, are the principal *Head* symptoms. In the *Eye* region staph. appears indicated specially for Meibomian cysts and recurrent styes.

The most brilliant use of this remedy is in toothache, on which Dr. Murray Moore dwelt with considerable fullness, giving in tabular form the comparative indications of plantago, staphisagria, and rhododendron, which he regards as the three chief remedies for that disorder. The indications for staph. are : black streaks on the teeth ; tearing pain after eating and especially drinking anything cold ; sensitiveness to the slightest touch ; pain extending round roots of sound teeth, with soreness of gums ; pain by drawing cold air into the mouth and at night ; gum bleeds when pressed on, and on cleaning the teeth.

The *Stomach* symptoms suggest staph. as a remedy in sea-sickness, also in gastralgias after the use of coffee and

tobacco. The *Chest* symptoms are allied to those of ranunculus, of the same natural order. Staphisagria has several distinct uses in *skin* disease, itching, papular eruptions, mostly dry, all increased by scratching, being the chief indications.

Dr. Murray Moore's paper was heartily appreciated by the Society, Drs. Dyce Brown, Blackley, Stonham, and MacLachlan taking part in a discussion of the subject.

A paper was next read by Dr. MacLachlan, of Oxford, which took the form of a *Clinical Report* of "a case of severe pain in the left leg following labour on three consecutive occasions." The patient had had five children, and it was after the three latter confinements that the pain ensued. It consisted of "intense and agonizing pain in the region of the tibia or in the tibia itself, beginning a short time after labour, lasting several days, and occurring in paroxysms about four to eight times a day." After the fifth confinement, Dr. MacLachlan was able to cut short the attacks by a homœopathically-selected remedy. The chief interest of the case consisted in the probable cause of the pain, and in the choice of the remedy which relieved it. All that might be pre-supposed to be causes of the pain were excluded, such as phlegmasia alba dolens, neuritis, or trauma. In the end Dr. MacLachlan could not ascribe a cause. In endeavouring to select a remedy for the case, Dr. MacLachlan adopted two methods, acting on the first method, and afterwards searching for a remedy by another, which as a matter of fact corroborated the original choice, the remedy in the meanwhile having cured the case in the absence of the prescriber, and while he was searching according to the second method. The methods were: (1) A taking account of all the symptoms from which the patient suffered, including the pain in the leg; and (2) A study of the case according to the numerical method, using Bönninghausen's Symptom Index as far as it would go, and trying to assess the numerical value of each medicine under which the symptoms occurred. The remedy chosen was *spigelia*, which came out "top" out of a possible thirteen remedies which might have been useful. The relief, however, had been marked and prompt before the second method had been studied. The patient did not have another severe attack of pain, and it disappeared entirely in a few days without more inconvenience.

Drs. Murray Moore, Dyce Brown, Spiers Alexander, Burford, Byres Moir, Searson, and Goldsbrough joined in a discussion of the paper, chiefly on the question of diagnosis from the pathological point of view, although acknowledging that the paper was of very great interest from the point of view of the study of *materia medica*.

NOTABILIA.

FOLKESTONE HOMŒOPATHIC DISPENSARY.

ANNUAL MEETING.

THE annual meeting of the subscribers and friends of the Folkestone Homœopathic Dispensary was held at the offices, The Bayle Parade, on Tuesday afternoon, Jan. 31st. Mr. A. Stoneham presided.

The Secretary read a letter of regret at inability to be present from Mr. F. D. Lewin, who also urged that some one should take his place as president. Mr. Innes said he had written to Mr. Allen Stoneham, asking him to accept the office of president, and he had kindly consented to do so. He had also written to Mr. Bennett, of Cheriton, asking him if he would be willing to become a member of the Committee, and he also had expressed his willingness to do so. The new minister of the Congregational Church, Tontine Street, the Rev. R. M. Ross, had likewise consented to stand for election as a member of the Committee.

The report of the Medical Officer (Dr. Murray) during the financial year, from October 1st, 1903, to September 30th, 1904, showed that the number of patients attending the Dispensary had been 345; patients visited during the same time at home, 42; making a total of 387. Consultations at the dispensary numbered 1,662, and home visits 261. The majority of these cases were either cured or much relieved, and only one death had there been during the year.

The Hon. Treasurer (Mrs. R. G. Wood) stated that the total receipts amounted to £74 8s. 10d.

In presenting their 14th annual report, the Committee felt, as in former years, that they had every reason to be satisfied on the whole with the work, and with the receipts of the past twelve months. As in former years, so also during the past year, the ordinary work of the dispensary had gone on in the usual manner, and the public had again shown much practical sympathy with it. Certain changes had taken place in the constitution of the Committee, while it was necessary to record, with much regret, several losses through removal and other causes. The Committee desired to express their very hearty thanks to Mrs. H. Jenner for the zeal which she had again shown for the welfare of the institution, her successful jumble sales realising for its benefit over £8; also to the ministers and officers of the Baptist Church, Rendezvous Street, for their generous allocation towards the expenses of the institution of £5 from their hospital collection. Letters were written or visits paid to the officers of the various churches (Anglican

and Roman Catholic) in the town, with a view to soliciting a similar apportionment of their collections, the ground of appeal being that as the institution helped all (without distinction of creed), the Committee looked for support from all. There was no general result, but one or two of the officers kindly made private donations. During the financial year 1897-8, a portion of the Hospital Saturday and Sunday fund (£25) was allocated to the use of the Homœopathic Dispensary; but when application was made for a similar allocation the next year, the request was refused, nor had any grant since been made. The Committee would express a hope that in the future the claims of the Homœopathic Dispensary in this matter might not be overlooked.

Miss Laird said that in the summer of 1904 a suggestion was made by Mr. Lewin that a Ladies' Guild be formed in connection with the Dispensary, the object of which was that its members were to endeavour to assist the Dispensary by enlisting new subscribers, and whenever possible, by obtaining donations for its needs. There were four ladies at the formation of the Guild, and £2 14s. 1½d. had been spent in materials for making garments for a sale of work, and the rest of the cost having been deducted, the Guild had still a capital of £1 8s. 3½d. The profits of one sale of work amounted to £1.

The report and balance-sheet, with the several reports, were adopted.

The Rev. A. L. Innes (Secretary), proposed the election of Mr. A. Stoneham as President, and this was seconded by Mr. D. Murray, and carried unanimously.

Mr. Stoneham said he was very much obliged for the compliment. When any one approached the age of 80, one's work was fairly well done, but he would endeavour to carry out the duties of the office to the best of his ability.

Dr. Murray was re-elected Medical Officer, and Mrs. R. G. Wood was re-elected Honorary Treasurer. The Collector (Mr. Eaton) was also re-appointed. The following were elected on the Committee: Rev. R. M. Ross, Rev. J. C. Carlile, Rev. W. Bennett, Mr. C. Payer, Mr. J. Walker, Mr. J. King-Turner, Mrs. H. Jenner, Mrs. Howard, Mrs. Foster, Miss Underwood, Miss Waite, Miss Laird, and Miss N. Laird.

Votes of thanks were passed to the retiring President (Mr. Lewin), the committee and officers, the honorary auditor (Mr. P. Gable), the special donors, and the Press.

The above appeared in the *Folkestone Herald* of Feb. 4th, under the title of "The Infinitesimal Dose," and in the same paper of Feb. 11th the following letter from the Hon. Sec. of the Dispensary, the Rev. A. Lewis Innes, was published:—

“THE INFINITESIMAL DOSE.”

To the Editor.

SIR,—While thanking you cordially for your kindness in so fully reporting our annual meeting, may I be permitted to express regret that some other heading was not chosen for the column in which the report appears? The system of treatment known as homœopathy is, I know, in the popular estimation, supposed to consist essentially in the administration of infinitesimal doses, but this supposition is not an altogether correct one. The fact is that, while frequently employing such doses, homœopathy is by no means tied to the use of them. The really essential principle of the system is expressed in the maxim—“Let likes be treated by likes,”—a maxim based upon the following facts, which can be experimentally tested:—

(1) A likeness of almost every known natural disorder can be produced, in the healthy human subject, by the administration, in sufficiently large doses, of certain selected drugs.

(2) Any drug thus capable of producing the likeness of a particular disorder, will, if administered to any victim of that disorder, in a dose not large enough to “aggravate,” either cure, or much alleviate. The only precaution to be observed about the dose is that it must not be large enough to cause “aggravation”; it need not necessarily be infinitesimal. And any drug administered on these principles, and in this quantity, is a homœopathic medicine.

Again thanking you most cordially,

Yours truly,

A. LEWIS INNES.

Hon. Sec. Folkestone Homœopathic Dispensary.

The Hon. Sec. has done Homœopathy and the Dispensary a good service in thus correcting a popular error.—[*Eds. M.H.R.*]

THE LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

ANNUAL MEETING.

As Chairman of the Committee of the Leaf Homœopathic Cottage Hospital, the Rev. Edward Allen (Oswestry House, Meads Road) presided at the annual meeting of the subscribers, which was held in the Mayor's Parlour at the Town Hall, on Saturday afternoon, February 11th.

The report for the year 1904 contained the following: There are four wards in the hospital, containing nine beds and one cot.

The total number of patients treated at the Hospital during the year has been 278, of whom 120 occupied beds in the wards, and 158 were out-patients; against 305 cases in 1903, of whom 81 occupied beds in the wards, and 224 were out-patients; 2,383 cases have been treated at the hospital since its opening in 1888.

There have been 120 patients under treatment during the year; of these 96 have been cured, 11 relieved, and two were unimproved. There have been four deaths; one patient left the hospital at his own request. Seven patients were remaining under treatment on December 31st, 1904.

158 out-patients have been treated at the hospital during the year; of these 82 were dental cases.

ALEX. H. CROUCHER,
M.D. and M.Ch., Edin., F.R.C.S. Edin.

The CHAIRMAN remarked that he was very glad to see, he would not say such an exuberant, but such an exceptionally large attendance. The brilliant sunshine that afternoon was in strong contrast with the pouring rain on the day on which the annual meeting took place two years ago, when there were so few present that he felt it better to retain his seat instead of rising when he spoke. Last year they were in the throes of alterations at the hospital in Marine Road, and were in a bad corner with regard to money. The expense of the work was twice as much as had been anticipated. The alterations could not be contracted for, as it was not until they began to pull the building to pieces that the full extent of what was required was ascertained. Accordingly they had to make a special effort, which fortunately succeeded. Owing to the kindness of several friends, to whom the Committee desired to tender their sincere thanks, funds came in; and there was now a balance of £45. But the financial position of the hospital was a fluctuating one. Sometimes the hon. treasurer reported that he could not pay the butcher's bill; and two or three days after he stated that some one had given him a substantial sum, and that the butcher had been paid. The subscriptions last year showed a falling off as compared with the year 1903. He hoped, however, that this hospital might eventually get more from the church collections. Special thanks were due to Mr. Lambert, the hon. treasurer, for his care, and kindness, and interest in the affairs of the hospital. At a recent parochial gathering something was said about butter; but the Vicar of St. Peter's said that in regard to the church workers in that parish what was called butter was the oil of kindness and goodwill which kept the whole machinery going. The thanks of the subscribers were due as much to

Mr. Lambert as to any member of the staff. It was not so much what he did as what he was. There was something about Mr. Lambert which caused people to desire to give towards an institution in which they knew he was deeply interested. The Chairman concluded by moving the adoption of the report.

The Rev. W. T. TURPIN seconded, and the motion was carried.

The Rev. C. B. COOPER, adverting to the fact that the subscriptions had fallen off by £36, suggested that some good man from London should be invited to give a lecture in Eastbourne on the principles and advantages of homœopathy, so that the inhabitants might see that there was more in them than they had any idea of.

Dr. CROUCHER, on being appealed to, expressed the opinion that the results of the work of the hospital would tell more than any lecturing.

Mr. CANTON thought that additional efforts should be made to make the hospital more widely known. He was acquainted with many people who knew very little about it.

Mr. LAMBERT remarked that they were all interested in the Institution, and he was fortunate in having the privilege to act as hon. treasurer. If every one of the subscribers would simply make an effort to bring the hospital under the notice of their friends great good would result. On the other hand, if the subscribers fell away his appointment would naturally become void. The whole praise was due to Dr. Croucher in the first place, and after him to the staff and the matron (Miss Bevis). The poor seemed to be very quick in learning what was going on, and he was often told quietly of the keen sympathy the people of the East End had with the work that was being done. They showed this sympathy in many ways which it was difficult to explain. Were it not for the voluntary work of Dr. Croucher and Mr. Husband, the hospital could not go on. Besides his knowledge as a homœopath, Dr. Croucher could stand in the highest position in this town as an allopath by reason of his qualifications.

Proceeding, Mr. Lambert gratefully acknowledged the help rendered to the Institution by the Friendly Societies. He specially mentioned the dramatic performance by amateurs from Camberley, who were assisted in the local arrangements by Mr. Aden Beresford and Mr. S. Hamilton. Last year a financial crisis arrived, and the Committee of the hospital were in an awkward position. Mr. Beckett saved the situation by a happy suggestion. The proposal was carried out with the result that £300 was raised. That was entirely owing to one suggestion made at the annual meeting in that room last year.

There was some discussion as to the best means of making the hospital known ; and the assistance rendered by the local Press was recognized.

Mr. LAMBERT said the committee felt very much indebted to the Press for all they had done, and for printing week by week the statistics supplied by Miss Bevis. He was a great believer in personal effort. The existing subscribers should work for the hospital as earnestly as some worked for shareholding concerns ; and they would have a fine dividend, not at this moment or in this world.—*Eastbourne Gazette*, Feb. 15th.

DEVON AND EXETER HOMŒOPATHIC DISPENSARY.

THE Mayor of Exeter (Mr. E. C. Perry) presided at the annual meeting of the Devon and Exeter Homœopathic Dispensary, held at the Guildhall, Exeter, on Jan. 30th. Among others present were the President (Mr. Hamilton, of the Retreat), Dr. E. Tindall (Medical Officer), Mrs. S. H. Tindall, Mrs. E. Tindall, Messrs. A. E. Ward, C. E. Rowe, W. T. Chudley, C. J. Webber, A. Cole, R. J. Mills, G. Milford, A. Carter, and F. W. Wood (hon. secretary).

The Medical Officer's report for the past year showed that the total number of patients treated had been 534. The total number of attendances was 2,133. The details were as follows : Number of cases still under treatment, 15 ; cured, 476 ; relieved, 20 ; no report, 9 ; not improved, 14 ; total, 534.

The hon. treasurer's account showed the total income, including the balance brought forward, to be £67 3s. 2d. The balance in hand was £14 1s. 4d.

Mr. Hamilton, in moving the adoption of the report, referred to their late President, the late Earl of Devon, and said that as President he (the speaker) could have no more noble example to follow, and he only hoped he would be able to follow it. The Dispensary had had a fairly satisfactory year, which, he believed, was due to the kindness, courtesy, and skill of the Medical Officer. (Applause.)

Dr. Tindall seconded, and the report and balance-sheet were adopted.

Mr. Ward moved the re-election of the President, and referred in graceful terms to the services rendered to the Dispensary by the late Lord Devon. The institution was capable of doing much more useful work than it had in the past if the public would only trust them with £50 a year more.

The motion was unanimously agreed to, and the President, in reply, after expressing his thanks, said the more the Society was known the more it was appreciated.

The hon. treasurer (Mr. C. J. Webber) and the hon. secretary (Mr. F. W. Wood) were re-appointed to their respective positions.

Mr. Rowe, in moving the re-election of the Committee, said the report showed a wonderfully good result, over 80 per cent of the cases treated being classed as cured.

The proposition was agreed to.

On the motion of Mr. Mills, seconded by Mr. Cole, a cordial vote of thanks was accorded the Medical Officer for his past services. A similar compliment was paid to the Mayor for presiding, and for the use of the Guildhall, and the proceedings then terminated.—*Devon and Exeter Gazette*, Jan. 31st.

LEICESTER HOMŒOPATHIC COTTAGE HOSPITAL AND DISPENSARY.

In our February issue we gave a report of the annual meeting of the above valuable institution, in which it was stated that the Hospital was in debt, a fact referred to by the Editor of the Leicester newspaper in sympathetic terms, testifying to the value of the Hospital. We are pleased to learn that, in recognition of the good work done there, the Treasurer of the Leicester and County Saturday Fund has sent a cheque for Fifty Guineas to the funds of the Hospital.

THE LADIES' GUILD OF THE LONDON HOMŒO- PATHIC HOSPITAL.

THE Ladies' Guild in connection with the London Homœopathic Hospital held their third Annual General Meeting of members on the 24th of January in the Board Room of the Hospital. In the absence of the Countess Cawdor, the President of the Guild, Mrs. Perks (President of the Kensington Branch), presided, supported by many of the presidents and secretaries of the various branches. Among those present were Mrs. Holman (Hon. Sec. of the Council), Mrs. Spencer Cox, Mrs. Carter, Mrs. Whateley Willis, J. P. Stilwell, Esq., J.P., Mrs. Stilwell, Dr. Edwin A. Neatby, Dr. Roberson Day, Mr. and Miss King, Miss Rowe, Lady De Bock Porter, Miss Burton, Mrs. Knox Shaw, Mrs. Washington Epps, Mrs. Galley Blackley, Mrs. Henry Wood, Mrs. James Epps, and members to the number of 80 or 90. The minutes of the previous meeting were read and confirmed.

Mrs. R. W. Perks in addressing the meeting expressed her belief that homœopathy was steadily gaining ground, and

encouraged the members of the Guild to further efforts in their work for the hospital. She said that the Guild had seven branches in different centres around London, and although no new branch had been formed during the past year several branches had increased their membership. The Guild contributed to the general funds of the Hospital during the year nearly £200, as well as providing over 500 garments for the use of destitute patients on their discharge from the Hospital.

In addition to this valuable help, the Hampstead Branch (Mrs. Edwin Kimber, Secretary), which was the first branch inaugurated (1901), arranged in December last a lecture on Japan, with limelight illustrations, at the Hampstead Town Hall, which brought in £30; and the Highgate Branch (Mrs. Holman, Secretary) provided a Concert at the Hampstead Conservatoire of Music, realizing £20. Both these sums had been placed to the Special Fund now being raised to repay drafts on capital and put the hospital on a firmer financial basis.

Mrs. Holman then read the Report of the Guild for 1904, as follows :—

“ 1904 has seen much steady work in every Branch of the Guild, and a great increase in interest on the part of our members. Nearly every branch has increased in number, our membership now numbering 453.

“ The seven Branches of the Guild are as follows :—

The Hampstead Branch.—President : Mrs. Fellows Pearson ; Hon. Sec. and Treas. : Mrs. Kimber. No. of members 133 (30 new members).

The Highgate, Finchley, and Muswell Hill Branch.—President : Lady Tyler ; Hon. Sec. and Treas. : Mrs. Holman. No. of members 70.

The Streatham, Tulse Hill, and Denmark Hill Branch.—President : Mrs. Hahnemann Epps ; Hon. Sec. and Treas. : Mrs. Carter. No. of members 42.

The Kensington Branch.—President : Mrs. R. W. Perks ; Hon. Sec. and Treas. : Mrs. Spencer Cox. No. of members 56.

The Crouch End Branch.—President : Mrs. Pugh ; Hon. Sec. and Treas. : Mrs. Algie. No. of members 25.

The Bloomsbury Branch.—President : Mrs. Whateley Willis ; Hon. Sec. and Treas. : Mrs. Knox Shaw. No. of members 107.

The South Kensington Branch.—President : Lady Ida Low ; Hon. Sec. and Treas. : Mrs. Gordon Fellowes. No. of members 20.

As most of you are aware, the Guild performs its chosen work of helping the Hospital in two very important ways, viz. by giving annual subscriptions and by making garments for the use of the patients in the Hospital.

"The subscriptions given by the various branches are:—

| | | | £ | s. | d. |
|--------------------------|----|----|-------|----|----|
| Hampstead | .. | .. | 65 | 15 | 6 |
| Highgate | .. | .. | 35 | 0 | 0 |
| Streatham and Tulse Hill | .. | .. | 14 | 13 | 0 |
| Kensington | .. | .. | 35 | 6 | 0 |
| Crouch End | .. | .. | 9 | 9 | 0 |
| Bloomsbury | .. | .. | 34 | 9 | 0 |
| South Kensington | .. | .. | 5 | 4 | 0 |
| | | | <hr/> | | |
| | | | £199 | 16 | 6 |

"In addition to this a lecture was given by E. Liddiard, Esq., on 'Japan' on behalf of the Hospital, and Mrs. Kimber had the pleasure of handing to the Hospital as a result the sum of £30 6s.

"Also a Concert was given at the Hampstead Conservatoire, which resulted in the sum of £20 being given to the Hospital, making a total of £250 2s. 6d. given to the Hospital in 1904 by the Ladies' Guild.

"The number of garments made by members of the Guild is a very large one this year, as shown in the following list:—

| | | | 1904 | | 1903 |
|------------------|----|----|-------|----|------|
| Hampstead | .. | .. | 121 | .. | 122 |
| Highgate | .. | .. | 105 | .. | 66 |
| Tulse Hill | .. | .. | 64 | .. | 49 |
| Kensington | .. | .. | 110 | .. | 100 |
| Crouch End | .. | .. | 45 | .. | 21 |
| Bloomsbury | .. | .. | 35 | .. | 12 |
| South Kensington | .. | .. | 35 | .. | 14 |
| | | | <hr/> | | |
| | | | 515 | | 384 |

"This increase in the number of garments sent in is very gratifying, showing as it does an increase in interest on the part of the working members of our Guild, and representing a great deal of self-denial in the giving up of so much time to the service of the Hospital.

"In addition to this the Hampstead Branch made a special appeal for garments at Christmas, 1903, and collected 102 extra garments for Christmas presents for the out-patients, and this Christmas they again collected 46; and, as you may well imagine, the matron and sisters at the Hospital were most grateful for this great help towards the Christmas gifts for the poorer out-patients. From Highgate several parcels of clothing were also sent, but as the members of that Branch sent the parcels direct, the numbers of garments is not forthcoming.

"We cannot close our Report this year without expressing the deep sorrow and sense of loss felt by the Guild in the death of Mr. Cross, whose interest in everything connected with the Ladies' Guild was so keen, and whose help was so invaluable in the formation of each of the Branches. At a meeting of the Central Council, held on Nov. 15th at the house of our President, Mrs. Perks, a resolution was passed expressing the deep sympathy of the Guild with Mrs. Cross and family, and a copy of it was sent to Mrs. Cross."

Mrs. Perks then proposed the adoption of the Report, which was seconded by Dr. Edwin A. Neathy, who appealed to the members present to endeavour to increase the membership of the Guild, and obtain new annual subscriptions for the Hospital. Mrs. Whateley Willis then proposed the re-election of Mrs. R. W. Perks as President of the Council, and Mrs. Holman as Hon. Sec. of the Council. Mr. J. P. Stilwell, J.P., seconded the proposal, and gave a number of practical suggestions to the Guild as to the spreading of homœopathic principles. Mrs. R. W. Perks, in returning thanks, announced a "Sale of Work" in aid of the Hospital, to take place probably in the first week in June at Kensington Palace Gardens.

Mrs. Fellows Pearson stated that in view of the serious state of the finances of the Hospital, the Council of the Ladies' Guild had decided that it was highly necessary for the Guild to make a very special effort in 1905, and a "Sale of Work" had been arranged. She explained fully the manner in which it was being organized, and announced that Mrs. R. W. Perks had most generously placed her house and grounds, 11, Kensington Palace Gardens, at the disposal of the Guild for the purpose, so that expenses would be practically reduced to *nil*, and all the help given would thus directly benefit the Hospital.

A vote of thanks to the Presidents, Secretaries and Committees of the several Branches of the Guild was then proposed by Dr. Roberson Day, and seconded by Mr. Attwood, and carried unanimously.

Mrs. Perks read a letter from the Matron of the Homœopathic Convalescent Home at Eastbourne, who had been prevented from attending the meeting, begging for help from the several Branches of the Guild in the way of providing clothing for the patients at the Home, many of whom enter the Home very ill provided in that respect. On the suggestion of Mrs. Perks a collection was made in the room for the Eastbourne Convalescent Home, and a sum of four guineas was realized.

Mr. J. P. Stilwell having proposed a vote of thanks to Mrs. Perks for presiding, the meeting terminated. L

HOMŒOPATHY IN AMERICA.

ACCORDING to the report of the Committee on Organization, Registration and Statistics, printed in the recently issued transactions of the American Institute of Homœopathy, we have in this country nine national societies, three sectional or inter-state societies, thirty-five state societies, ninety-eight local societies, forty-nine medical clubs, eleven alumni associations, three miscellaneous associations, fifty-one general hospitals, thirty hospitals in which homœopaths have representatives on the staff, forty-five special and private hospitals, twelve such hospitals where both schools of practice are represented, sixty-one sanitariums, fifty-nine institutions where the medical treatment is homœopathic, nine institutions where homœopathy has representation, fifty-six homœopathic dispensaries, nineteen homœopathic colleges. Such an array of institutions and societies ought to be an index of the professional activity of the members of the homœopathic school in this country.—*North American Journal of Homœopathy*, January.

CANCER IN AMERICA.

CAREFULLY compiled statistics are said to show a great increase of cancer in the large American cities in recent years. The computation is made on the basis of 100,000 of the population. San Francisco stands highest on the list with a total of 103.6, compared with 16.5 forty years ago, being an increase of 600 per cent. Boston comes next, with 85 deaths per 100,000 population in 1903, as against 28 forty years ago, showing a threefold increase. The figures for the other cities are: 32 for New York in 1864 and 66 in 1903; Philadelphia, 34 in 1864, and 70 at present; Baltimore, 18 in 1864, and 63 in 1903; New Orleans, 15 in 1864, and 82 in 1903.—*Brit. Med. Journ.*, Feb. 4th.

DR. J. W. WARD OF SAN FRANCISCO.

WE are glad to hear that our esteemed colleague, so well known on this side, Dr. J. W. Ward, has been again elected President of the Board of Health of San Francisco. *The Pacific Coast Journal of Homœopathy* for January, says; "Dr. Ward has been most untiring in his work for the health of the city, and all the advantages obtained by the homœopaths in city affairs have been mainly through his earnest endeavours."

OBITUARY.

THE LATE MR. G. A. CROSS.

THERE is a feeling among the members of the Board of Management, and the members of the Medical Staff of the Hospital, and numerous friends of the late Mr. G. A. Cross, that a testimonial of a pecuniary nature should be made to his widow. Mr. Cross's work as Secretary-Superintendent of the Hospital was of a very arduous nature, and to it he devoted his whole energy for more than a quarter of a century. Owing to the ill-health of his two sons (one of whom died only a few years ago), and other heavy family expenses, Mr. Cross was unable to make any provision, with the exception of a small insurance policy on his life. The Board are desirous of making some provision for the widow, and it is thought that the desired object would be best attained in the form of a general testimonial, which would give an opportunity for many who would also wish to be associated with the proposal.

All, therefore, who may wish to contribute to this object are requested to send any amount to W. H. Trapmann, Esq., Vice-Treasurer, 29, Roland Gardens, S.W.; or to E. A. Attwood, Acting Secretary, London Homœopathic Hospital, Great Ormond Street, W.C.

In a further issue we shall publish the list of subscribers.

CORRESPONDENCE.

THE RE-PROVING OF DRUGS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—Many of your readers will be interested to know that the British Homœopathic Association is about to commence a series of drug-testings on men and women. All necessary modern appliances and methods will be used in the conduct of provings. Already several offers of provers have been received, but a few others would be welcomed. Suitable subjects receive, at the end of the proving, remuneration at the rate of £1 per week.

Application should be made by letter to,

Yours truly,

THE HON. SEC. B.H.A. PROVINGS COMMITTEE,
82, WIMPOLE ST., W.

Feb. 15th, 1905.

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. BURFORD, Dr. BYRES MOIR, Dr. SEARSON, Dr. E. A. NEATBY, Dr. GOLDSBROUGH, Mr. ATTWOOD (London); Dr. NEILD (Tunbridge Wells). Dr. GEORGE CLIFTON (Leicester).

BOOKS RECEIVED.

Lectures on the Homœopathic Materia Medica. By James Tyler Kent, M.D. Philadelphia: Boericke & Tafel, 1905. *The Mnemonic Similiad.* By Stacy Jones, M.D. Philadelphia: Boericke & Tafel, 1904. *Essai de Thérapeutique Générale.* By Dr. Jules Gallavardin. Lyons, 1905. *The Homœopathic World*, February. *The Vaccination Inquirer*, February. *The Indian Homœopathic Review*, November. *The Calcutta Journal of Homœopathy*, November and December. *The Folkestone Herald*, February 4 and 11. *Eastbourne Gazette*, February 15. *The North American Journal of Homœopathy*, January and Feb. *The Homœopathic Recorder*, January. *The Doctor*, January. *The Medical Brief*, February. *The Hahnemannian Monthly*, February. *The Cleveland Medical and Surgical Reporter*, January. *The Pacific Coast Journal of Homœopathy*, January. *The Medical Century*, February. *The Chironian*, February. *The American Physician*, February. *The Homœopathic Envoy*, February. *The Clinique*, February. *Allgemeine Homöopathische Zeitung*, February 2 and 16. *La Propagateur de L'Homœopathie*, Lyons, January 31. *Homœopathisch Maandblad*, February. *Revue Homœopathique Française*, January. *Annaes de Medicina Homœopathica*, July and October.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE London Homœopathic Hospital is, we regret to say, in a very critical position in regard to its finances; a position which is causing great anxiety to the Board of Management, and to the Medical Staff, and to remove which some great effort must be made if the Hospital is to maintain its present usefulness and efficiency. If funds sufficient to carry on its great work, to replace the drafts that have had to be made on the capital funds, and to ensure that the annual income is adequate to meet the expenditure, are not forthcoming, the only alternative is to curtail its work in a way that would be a grief to all, and a calamity even to think of. Not merely a calamity for London, but for the whole country, and for homœopathy itself. Beds must be shut up, cases refused, and the healthy development of the staff of the medical and surgical work must be stopped or held back, to the detriment of all interests connected with the advance of homœopathy. Such a result would be simply disastrous, and, as we have said, would be a calamity even to think of. It must not be allowed to come to this, and we feel sure that, when the really critical state of matters is clearly taken in by the homœopathic public, they will come to the rescue and prevent such a heavy blow falling on the great cause we all have at heart.

The public are so much accustomed to appeals for funds for hospitals that they are apt to take them as a matter of course. Hospitals are popularly supposed, and not without very good reason, to be always in debt, and that this is their normal condition. In fact, some people have suggested that it would be unfortunate for the hospitals if it were otherwise, as the public might consider that they were absolved from aiding an Institution which was well enough off to pay its way regularly, and thus valuable donations and subscriptions might find their way elsewhere.

A small annual deficit may not give much anxiety to a Board of Management, but it is quite otherwise when a hospital expenditure so greatly exceeds the income as to necessitate an accumulation of debt which has to be met by the withholding or withdrawal from reserve funds of very large sums annually, a process which must come to an end automatically, unless great and determined efforts are made to raise a sum sufficient to meet the deficit, and restore the reserve funds to their normal state.

Such is, we regret to say, the present condition of the London Homœopathic Hospital. As will be seen from the Report of the Annual Meeting of the Hospital in our pages of this month, in which the fullest details are given, no less a sum than nearly £14,000 has been withdrawn from invested funds in order to meet the current expenditure, which is £3000 per annum more than the income received. Matters cannot go on thus. The available funds will soon come to an end, and this must be clear to even "the man in the street."

It is easy to say that there must be something radically wrong with the management. But this is not so. It is due to the necessities of the case. Ever since the new Hospital was erected in such a perfect manner, and for which the necessary funds were liberally given to the tune of over £50,000, the number of in-patients and out-patients has largely increased, and of course this involves much larger expenditure. Living is more costly, increase in the number of nurses is unavoidable, while the development of the surgical side, so noticeable in recent years, implies, in order to be "up-to-date," great additional expense for what is absolutely necessary for success. In fact, it is owing to the natural evolution of necessary and healthy development in the Hospital work in all

departments that the expenditure has so increased. Economy in all branches of the administration is rigorously practised. And to show how anxious the Board of Management and the House Committee are to leave no stone unturned to improve on the administration, a joint Committee of the Board and of the Medical Staff has lately been appointed to go over every detail of the expenditure. This Committee have not yet completed their labours, and so have not been able to make a final report, but they have so far found that there is not much to be done in reducing the expenditure consistently with carrying on the existing work, and they have issued an interim report to that effect. There are, we understand, certain points of suggested economy which will be put into operation, and which will effect a certain saving, of perhaps three or four hundred pounds. That this should be found to be the case, and that no serious error in administration, or waste of the funds, can be found in the past years, is a testimony to the careful and laborious work of the House Committee, presided over by SIR HENRY TYLER, whose interest in the Hospital, devotion to its detailed work, and pecuniary generosity, are so well known to all who know anything of the quiet unrecorded work done at its weekly meetings by the House Committee. It is therefore clear that the financial crisis in which the Hospital now finds itself is due to no fault of the Board of Management or of the House Committee in administration, but solely to the increased growth and efficiency of the work done by the Medical and Surgical Staff.

And it is a curious and interesting fact that the London Homœopathic Hospital is not singular in finding itself so circumstanced. Just round the corner in Queen Square is the National Hospital for Paralysis and Epilepsy, and quite recently an urgent appeal for aid appeared in the *Times* signed by the Board and the Medical Staff, stating that for some years the expenditure has been exceeding the income by several thousand pounds, to meet which invested funds have had to be drawn upon to the amount, if we are not mistaken in our recollection, of a much larger sum than that employed in the same way by the Homœopathic Hospital. The two cases are so closely similar that the coincidence in time of the appeal for help

is interesting. The letter from the Hospital for Paralysis states, as the Homœopathic Hospital does, that such a state of matters can go on no longer, as funds will be exhausted; and the work must be curtailed, unless the money is forthcoming which will enable the invested funds to be replaced, and the annual income so increased as to meet the current expenditure. It is so far a consolation to the Board of Management of the Homœopathic Hospital to know that their near neighbour is almost exactly in the same hole with themselves, while it shows the public that such unfortunate crises may occur through no fault of administration.

The question, now that this serious crisis has to be faced, is, What is to be done? In the first place, large sums must be given by the wealthy men who know the inestimable value of homœopathy, and its certain triumph in the long run, to make good the £14,000 which has been withdrawn from invested funds. Already, we are delighted to notice, such handsome donations have been liberally and generously given by the members of the Board, and other generous supporters of the Hospital, that there is every prospect of the accomplishment of this part of the scheme. If our readers turn to the report of the annual meeting of the Hospital, they will find that SIR HENRY TYLER promised £1,000, if £5,000 more were raised. This has been accomplished, and thus the sum of £6,000 has been secured. SIR HENRY has most munificently offered a second £1,000, if another £5,000 were subscribed. And we now learn that of this second £5,000 over £1,400 has been promised, leaving only about £3,500 to be got in order to secure SIR HENRY TYLER's second £1,000. When this sum is obtained, and there is every expectation that it will come in, £12,000 will be in the hands of the Board of Management, and enable them to refund nearly the whole of the invested funds which have been temporarily employed to meet the current deficit in the expenditure. It will be noticed that CAPTAIN CUNDY, the Vice-Chairman of the Board, has with his accustomed liberality given £1,000, MR. J. H. HOULDSWORTH £500 with a promise of a second £500 on certain conditions, LORD DYSART and MRS. RYLANDS £500 each, while other generous donors come forward with lesser, though very handsome sums.

The members of the Board have alone contributed the sum of £2,700, showing in this highly practical manner their interest in and devotion to the Hospital. All this is most cheering, and our gratitude to the Board and these liberal supporters of our cause is beyond words to express.

But when this is fully accomplished, another question, and a most burning one, has still to be answered. What means are to be taken to increase the annual income of the Hospital so as to enable it to meet the current expenditure? Means must be found to do this, since, if this essential point is not tackled and settled satisfactorily, the Hospital funds cannot be looked on as having a sound financial basis, and it will only result in a repetition in no long time of the crisis in which it now finds itself, and another urgent appeal to extricate it out of the difficulty. This must not be allowed. The public will get tired of such frequent appeals, and they will, moreover, think that a great effort results in only putting their money into the gutter, since no permanent benefit accrues to the Hospital. This is only a natural feeling, in which we thoroughly sympathize. The present effort must be the last one of the kind for many years, if not for ever.

To increase the annual income by £3,000 per annum, the first step, as must occur to every one, is to make a determined effort to add largely to the annual subscriptions. Here again SIR HENRY TYLER sets a noble example, by giving a *new* annual subscription of £100, while LORD DYSART and MR. OTTO BEIT do the same. With this lead, surely the ordinary subscribers might do what they can to follow suit. If every subscriber who gives an annual guinea or two guineas would double their subscription—not a very serious thing to ask—it would go a great way towards accomplishing this object. We might even suggest that all who give less than £5 annually might at least increase the amount, if doubling it were considered too much. But coming only once a year, even this increase would not be much felt out of an annual expenditure, and it would be well-spent money. A frank and open appeal to this effect, sent by the Board to each subscriber, would have, we feel sure, the desired effect.

There is another suggestion that we would venture to put before the Board. We know very well that many of

the subscribers to our Hospital give donations also to other hospitals, and they say, as a reason for this, that other hospitals do good and ought to be assisted. This is very generous and liberal, and we do not for a moment deny the fact. But the old saying that "Charity begins at home" comes in here most forcibly. It is the first duty of homœopaths, of those who believe that the homœopathic treatment is infinitely superior to the dominant practice, and who adopt it for their families and themselves in illness, to see that the only Homœopathic Hospital in London is not starved for want of funds, by subdividing a yearly hospital gift into several portions, one of which only goes to the Homœopathic Hospital. A good sum divided into several parts does little for each hospital, whereas if the whole, or at all events a large part, were given to one—that is our own Hospital—there would be no fear of a deficit in our annual expenditure. The importance to homœopathy in general, as we have pointed out, of keeping the Hospital in sufficient annual income to enable it to maintain the position it has won for itself, is so enormous, that it seems a sad pity that those who *can* prevent any failure should allow themselves to be accessory to it, by dividing their annual donations instead of "plumping" for the Homœopathic Hospital. *It should be kept steadily in view by such subscribers, that every other hospital sets its face against homœopathy, and will have nothing to do with it.* And why should homœopaths support such hospitals when their own one, the only one in which the poor can have homœopathic treatment, is crippled for want of sufficient income? We would suggest that such generous people should seriously consider whether, in acting as they do, they are following the call of duty, and are not allowing sentiment to weigh too much with them. "Charity begins at home," as we have said, and those who wish to help other hospitals should first of all make sure that their own first-class Hospital is safe, in having a sufficient income to meet necessary expenditure. After that is accomplished, it will be open to any one to help other hospitals, and we should be the last to hint otherwise. Perhaps if the Board should see fit to adopt our suggestion as to the doubling of the annual donation, they might also press the last part of it in their circular. Our subscribers have only to have these points brought clearly and frankly before them to see where their obvious duty lies.

There is another very important aspect of the present Hospital crisis which we must press on the attention of the medical profession outside London and throughout the kingdom. We implore their sympathetic assistance, and their practical aid in doing all they can to help us with their patients in getting new annual subscriptions. Were it only to keep up the general usefulness of the Hospital, our colleagues and the public outside of London might with justice say that London ought to take care of its own hospital, and that their efforts to maintain their own local hospitals and dispensaries are quite enough, without coming to the aid of the metropolis. But on a moment's consideration this will be seen to be a very narrow, parochial view of the matter. The London Homœopathic Hospital, even on this narrow view, deserves the active and liberal support of the whole country, as patients are constantly being sent up from all parts of the Kingdom for consultation, and treatment of obscure diseases, and for surgical operations of a capital order. The whole country therefore gets the benefit of the skill of the medical and surgical staff, to say nothing of the cost involved in such cases remaining in the Hospital till sufficiently well to be sent home. But besides this important consideration, our colleagues and the public outside of London must know that the London Homœopathic Hospital is, as it were, the figure-head of homœopathy. It is essentially representative of it from its metropolitan position, its size and equipment, and its skilled medical and surgical staff. It is looked upon as such by the profession and the public all over the country, as well as in the United States and on the Continent, where it is now so well known and admired ; and any blow struck at it, crippling its usefulness and its position, is a blow to the vital interests and progress of the great truth in medicine which we all devote our lives and our energies to propagate. Then, again, it is the great centre for the teaching of homœopathy. No other hospital has the same power nor the same opportunities of teaching the doctrines and practice of homœopathy to enquirers. All the material for teaching, and the men who can teach, are there on a scale that provincial hospitals, however excellent, cannot attain to as yet. With the recent establishment of the British Homœopathic Association, and the active propaganda which it is initiating for the

advancement and diffusion of homœopathy, the Hospital is, and must be closely associated—one might almost say bound up with it.

. It is therefore no mere parochial question of the more or less capacity for usefulness of a hospital, that is involved at the present juncture, and to aid which we should hesitate to ask the help and support of those resident outside London; but we ask this aid and support for the sake of the well-being and advancement of homœopathy in Great Britain, which is, as we have pointed out, essentially bound up with the London Homœopathic Hospital and its prosperity.

The Medical and Surgical Staff are doing all they can to obtain increased support from their own patients, but in order to enlist the active aid of our colleagues outside of London, each one has personally written to twelve of his *confrères*, pointing out the importance of the aspect which we have above explained, and asking them to obtain, if possible, twelve annual subscriptions of one guinea (or more) from their patients. If this appeal were successful, the Hospital would soon see its way to a balance between income and expenditure. We cannot press this point too strongly, namely, the non-local and non-parochial, but we might almost say the Imperial position which the London Homœopathic Hospital holds, and which it must maintain for the spread of homœopathy. If it does not uphold this unique position, the smaller provincial hospitals must suffer, and most certainly, homœopathy as a whole; and the great principle in medical treatment which it is our life-work to propagate for the public benefit and the glory of God, must suffer still more.

We would, in conclusion, make one or two other suggestions for the consideration of the Board, with the view of increasing the annual income. First; at present the out-patients pay a "registration fee" of one shilling. Though many of them are poor and could not pay more, yet many also could easily do so. The income from these shillings amounts, we believe, to about £800 a year. We suggest that this "registration fee" might be easily doubled or even increased to half a crown, which would at once add to the income another £800. For the very very poor, a discretionary power could easily be given to the registrar for out-patients, to let them off with the shilling, and so save any complaint of inability.

It is well known that self-supporting dispensaries, where half a crown per month is charged for advice and medicine, are largely attended, and the fee gladly paid. There might at the Hospital be a little grumbling at first, but we believe it would soon be found to answer well. Secondly ; the in-patients pay nothing, but it is well known that the majority of them *could* pay a small sum, and would gladly do so, we believe, as a mark of gratitude. Why could not a "registration fee" be also required of them ? And for all the expense saved at home by a stay of some weeks, more or less, in the Hospital, to say nothing of the treatment, nursing, and in surgical cases the operations, a much larger sum than that charged to out-patients could not only be reasonably asked, but would, we believe, be gladly paid. The amount to be charged is a matter of detail, but for all except the poorest, ten shillings or even a sovereign—half paid on admission, and the other half on leaving—is, we consider, not too much. Were this plan put into operation, it would add very materially to the annual income. We notice from the Hospital report that the number of in-patients during the year 1904 was 1,016. If each patient paid only ten shillings, there would thus be an income of £500 per annum. Thirdly ; this suggestion brings up the question of having paying patients, that is, patients who do not wish to come in as ordinary ward-patients, and who nevertheless cannot afford the expense of a nursing home. We have been frequently asked if there was no accommodation for such, and we have had to say no. But if the present effort is not successful in increasing the annual income so as to meet the expenditure by the various methods suggested, it would be well worth consideration on the part of the Board, whether it would not be a good scheme to utilize, say, one of the wards as at present existing, for the reception of private paying patients, at a cost considerably less than that of a private nursing home. This plan has been most successful at the Lansdown Grove Homœopathic Hospital at Bath, and in the United States there are many large hospitals run on these lines, and they are found to pay admirably.

It seems to us that these suggestions, one or all of them, are well worth the careful consideration of the Board of Management, as if adopted they would produce a definite, valuable, and permanently reliable income from sources

not hitherto tapped. For we must again reiterate what we have already stated, namely, that some means *must* be adopted, and that without loss of time, to ensure that the present state of matters shall not again recur.

Since the foregoing was written, we are informed that at a recent meeting of the General Committee of the British Homœopathic Association, it was resolved to start a "Thousand Guineas Fund" as a gift from the Association to the London Homœopathic Hospital. This is a gratifying announcement, and shows how closely the Association considers its interests bound up with those of the Hospital. In fact, in the announcement it is stated that "This Hospital is one of the first interests of the British Homœopathic Association." We wish it all success.

We also learn with pleasure that MR. OTTO BEIT has promised £1,000 to the Hospital to endow the bed hitherto maintained by an annual subscription of £35. by MRS. OTTO BEIT. This is a most valuable gift, and perpetuates the name of the generous donor, as an endowed bed is always named after the donor.

PROGRESS ALL ROUND.

In publishing as we do from time to time the annual reports of the Homœopathic Hospitals and Dispensaries, we do so *in extenso* or nearly so, as they are very interesting and excellent reading, and are much more so when given thus fully instead of being boiled down to a few figures and generalities. This takes up a large amount of space in our pages, but it is well worth it, and serves to keep up the interest of our readers in the work that is patiently, quietly, and efficiently given at those various institutions. Still we fear that many of our colleagues, whose leisure hours are few, pass them over and take them, as it were, for granted. We therefore have the pleasure of drawing special attention to the reports in our pages for this month. They show most gratifying progress all round, and as if a wave of advancement had been passing over us in all parts of the country, simultaneously with the very remarkable forward movement of the British Homœopathic Association recently inaugurated. This may be only a coincidence,

but if so, and we believe it is not, the coincidence is noteworthy. The Association has stirred up the enthusiastic militant spirit for the active propagation of homœopathy which is being felt all round, and which has quite taken the place of the *laissez faire* methods of former years. And the result is shown in the reports of the Homœopathic Hospitals and Dispensaries. The general public evince much more sympathetic interest in these valuable institutions, the local Press giving not only full reports of the annual meetings, but in many instances editorial notices appear, drawing attention in gratifying terms to the good work done. And we note that it is a frequent occurrence to find the Mayor of the city or town where they exist taking the chair and using his great official influence in bringing into notice the valuable results obtained by them.

The report of the London Homœopathic Hospital we have already dwelt upon in our first article of this month, and so we do not require to say more of it here. The report of the Hahnemann Hospital of Liverpool is well worth study. At the annual meeting the LORD MAYOR presided, and spoke in the warmest terms of commendation of the Hospital, as the result of a visit paid to it by himself and the Deputy LADY MAYORESS, and stated that the Roscommon Street Dispensary "was carrying on a noble work." Mr. CARLTON STITT well said that "the Dispensary figures were quite startling, there being an increase of 7,000 attendances on those of any previous year." Truly this is a "startling" advance. ARCH-DEACON MADDEN said: "The fact was there had been a great movement in the direction of homœopathy by the medical faculty throughout the country." Mr. CARLTON STITT adding that "the Roscommon Street people were not sentimental concerning schools of medical practice: they came to the Dispensary year after year because they were cured there." Roscommon Street is, we believe, situated in one of the poorest parts of the city. In the *Liverpool Daily Post* of Feb. 23rd, under the heading of "Day to Day in Liverpool," the editor writes as follows: "The Lord Mayor, whose term of office has already presented ample evidence of being a success, yesterday made a very happy speech at the annual meeting of the subscribers to the Hahnemann Hospital. As a coincidence,

the meeting was held during the height of the polling for the Everton Division, in which part of the city the institution has a peculiar interest, its outlying Dispensary being situate in Roscommon Street and on the eve of rebuilding. That homœopathy has succeeded for many years amid such depressing surroundings as those of Roscommon Street, where the contributions of the patients show a gratifying increase, is an encouraging result which considerably assists the friends of the Hahnemann Hospital in appealing to strangers on behalf of this well-managed charity."

In the report it will be observed that the reconstruction, or practically the rebuilding, of the Roscommon Street Dispensary is deemed to be absolutely necessary, and that towards the £1,700 required for this purpose £1,100 has been subscribed. Handsome donations from liberal and generous supporters have come in, Sir W. H. TATE giving £300, LORD DYSART £200, Mr. SHORROCK ECCLES £100, and Mr. JOHN TEMPLE £100, while many others contribute handsome though smaller sums. All this is magnificent, but to add to the interest of the work we cannot refrain from reprinting a valuable page of homœopathic history contained in the letter of appeal issued by Mr. CARLTON STITT, the Chairman of the Dispensary Committee:—

ROSCOMMON STREET DISPENSARY,
LIVERPOOL,

February, 1905.

"DEAR SIR OR MADAM,—We beg respectfully to lay before you some facts concerning our Homœopathic Dispensary at Roscommon Street, and to solicit your cordial interest and support in an endeavour which we are about to make to place this most important part of our work on a more satisfactory basis.

A Homœopathic Dispensary was opened in Benson Street in 1841; it was afterwards removed to Harford Street; later to Hardman Street; and, since the opening of our Hospital in 1887, the work has been carried on at Hope Street.

In 1866 there was a serious outbreak of cholera in Liverpool, and it was thought advisable to appoint a fully-qualified practitioner to give his entire attention to the treatment of cases occurring at the north end of the town.

The Doctor was established in Wilbraham Street, and homoeopathic treatment proved so successful that, after the epidemic was over, the Dispensary was still kept open for the convenience of patients requiring such treatment at the north end, and to whom the loss of time in visiting Hardman Street was a matter of serious importance.

The accommodation at Wilbraham Street soon proved to be inadequate, and in 1872 an appeal was made for funds to purchase a suitable building to be converted into a Dispensary. This appeal met with such a liberal response that, in October of the same year, No. 10, Roscommon Street was opened, and work has been carried on there ever since.

Roscommon Street lies between Netherfield Road and Great Homer Street, close to the Haymarket, and in this district there is usually a great deal of disease and suffering to be dealt with.

Two Stipendiary Medical Officers have been appointed to this Dispensary. They prescribe daily for those who come to the Institution for relief, and they also visit sick persons in their own homes. A nurse from the Hope Street Hospital is also in daily attendance for the purpose of dressing and bandaging, and her services are particularly valuable to women who require special treatment.

One of our Honorary Medical Staff attends at this Dispensary once a week, as a specialist in the diseases of women, and his services are very greatly appreciated.

The number of attendances by patients at the Dispensary last year was 24,356; and visits by the doctors at the patients' own homes, 3,234; total 27,590.

The number of those who apply for treatment has quite outgrown the capacity of the Institution. The doctors' consulting rooms are at the front of the building, whereas they should be at the back, away from the noises of the street. Proper provision should be made for the nurse above referred to. A large, light, and airy patients' waiting room is very badly needed.

The work done at Roscommon Street is so large and important, that it is lamentable that it should have to be carried on under such disadvantageous conditions.

Our architect, Mr. F. U. Holme, has carefully considered all our special requirements, and his recommendation is to practically reconstruct the premises, retaining as much

of the walls and roof as possible, but putting in new floors, and entirely remodelling the plan of the interior.

The accompanying sketch will show the proposed arrangement of the Dispensary, which your Committee believe will enable them to do an increasingly useful work in this neighbourhood.

The architect has estimated the cost of the work of reconstruction at £1,500, which sum he believes to be ample, but it may possibly be increased to £1,700 by such extras as furniture and the sum to be expended upon temporary premises in which to carry on our work while the old premises are being remodelled.

We feel confident that, after careful consideration of the above statements, friends of the poor will assist us in this urgent work of charity.

Yours faithfully,

J. CARLTON STITT, *Chairman.*

Approved by the General Committee,

7th December, 1904.

We have not had such excellent reading for a long time. Liverpool, which has from the earliest days of homœopathy been in the vanguard of progress, and which has been, through its Dispensaries, the homœopathic birthplace of many of our foremost colleagues, is to be congratulated on having such hard-working and successful medical men on the Hospital and Dispensary staff. Long may such work progress, and remain a leading factor in the charitable work of that great city.

The report of the Croydon Homœopathic Dispensary is also most interesting in point of development, energy, and enthusiasm. We noticed in a former issue that the Dispensary had been removed to more central and commodious premises in an important part of the town. The result is an increase in the number of patients, and, what is still more important, there is a proposal to start a Cottage Hospital. This is eminently satisfactory. We always maintain that the best nucleus of a Cottage Hospital in any town is a flourishing Dispensary, and it is generally found that where this exists, and the Committee and subscribers are enthusiastic for its development, a proposal to enlarge their sphere of usefulness by erecting a Cottage Hospital is invariably successful. It only

requires to be practically taken up to ensure success. The fact of having beds, however few to begin with, for the treatment of cases which cannot be well treated as merely dispensary cases, appeals to the generous public, and funds come in for the purpose. The thing is to make a beginning, however small, and when once this is done enlargement can and will follow to any extent. We congratulate the Committee and Drs. PURDOM and MUNSTER, the medical officers, on this excellent new departure.

Another interesting feature mentioned in the report is that at the meeting Dr. PURDOM read a paper on "Hahnemann and Homœopathy," giving a sketch of HAHNEMANN'S romantic life-history and the development of homœopathy, with an explanation of its principles and practice. This was an excellent idea on Dr. PURDOM'S part. The proceedings of an annual meeting of a charity are often looked upon by the subscribers as a matter of course—perhaps rather dry and uninteresting—and hence the numbers present are frequently disappointingly few. But when the proceedings are enlivened by such a paper as Dr. PURDOM'S the attraction is such that a good audience is obtained. This, however, is the smallest part of the benefit. Many staunch adherents of homœopathy, and supporters of the Dispensary or Hospital, are so because they know from experience in themselves and their families the value of homœopathy as the best method of treatment in illness. But many of these, we know for a fact, know so little of the *principles* of homœopathy and of its history, that when asked by non-homœopaths to explain to them the difference between homœopathy and allopathy in principle, they fail to rise to the occasion, simply from not having taken the trouble to master the principles of the medical system they adopt. Hence such a paper as Dr. PURDOM'S is of the highest educational value, and in a very direct way promotes the spread of homœopathy. We would advise Dr. PURDOM'S example to be followed by all Dispensaries and Hospitals, and the result will, we may safely venture to prophesy, be soon clearly visible in the increase of interest shown by the subscribers, and, in consequence, in increase of income.

The reports of the Hahnemann Convalescent Home at Bournemouth and of the Phillips' Memorial Homœopathic

Hospital at Bromley are excellent reading, and show how these valuable institutions are progressing in increasing energy and usefulness. The latter Hospital has benefited in an important way by the gratitude of a lady, who, in memory of her late husband, an active supporter of the Hospital, has given the whole cost of erecting a new mortuary and post-mortem room attached to the Hospital.

The report of the Leicester Homœopathic Cottage Hospital and Dispensary, published in a recent issue of the *Review*, testifies to the same steady progress, and the value put upon it by the public as one of the most important medical charities of the town. One of the local papers had an editorial on it, heading it "A Valuable Institution," with the result that the Leicester County Saturday Fund donated fifty guineas towards its funds. We might note all the other similar institutions throughout the country as showing gratifying and increasing usefulness and success had we space. But we cannot conclude without referring with great pleasure to a rumour which we have heard, namely, that it is in contemplation to start a Cottage Hospital at Brighton. We may recall to the attention of our readers that at the time of the Brighton Drawing-room Meeting at Christmas, 1902, at the house of Mr. and Mrs. RUDHALL, in aid of the British Homœopathic Association, and which we reported in our issue of February, 1903, a letter was sent to SIR GEORGE TRUSCOTT, the chairman of the meeting, by Messrs. WILLIAMS and MACKENZIE, the homœopathic chemists of Brighton, urging the need and possibility of starting a Cottage Hospital in that important "London-on-Sea." This we published in our February, 1903, issue, with a leader from ourselves urging the homœopaths of Brighton not to let themselves and their fashionable town be behind the age, but to take active steps at once to strike while the iron was hot, and to inaugurate a Cottage Hospital. Some people take a long time to consider such a momentous step, but after two years' chewing the cud of anxious thought it is pleasant to learn that such a step is at last—and none too soon—seriously contemplated. We hope it will result in something very definite and energetic, and so save the reputation of Brighton. We wish the proposal all success in adding to the "progress all round" of to-day.

**ACUTE EPILEPTIC SEIZURES OCCURRING AFTER
ABDOMINAL SECTION :
RAPID RECOVERY UNDER HYDROCYANIC ACID.**

By **GEORGE BURFORD, M.B.,**

Senior Physician for Diseases of Women to the London Homœopathic
Hospital; and

E. M. MADDEN, M.B.,

Physician to the Phillips' Memorial Hospital, Bromley; with Note by

GILES F. GOLDSBROUGH, M.D.,

Physician to the Neurological Department of the London Homœo-
pathic Hospital.

THE various forms of perturbation of the nervous centres that the immediate impact of abdominal section may engender, have frequently been the study of physicians and the anxiety of surgeons. Savill, dealing with neurasthenia, insists with force and point on this as a not uncommon sequel of severe operation in patients of unstable nervous system. Mental disturbance of low or of high grade are within the cognizance of all whose experience of major operations is extensive. Thomas Keith reported a case of successful hysterectomy, where the mental vagaries of the patient grew so pertinacious as to cause him, the kindest of men, to forbid the patient his house. To these must be added, as derived from clinical observation, the occurrence, happily rare, of acute epileptic seizures. Fortunately, it is in the early manifestations that epilepsy is specially amenable to curative measures. The convalescence after severe operation, abdominal or other, may thus include the rise, development, and cure of acute epilepsy as a complication of the post-operative course.

Such was the case in the convalescent stage of the patient whose history we here recount. Aged 44, married, with a prolonged experience of that generalized neurasthenia which haunts most women with chronic pelvic disease, this lady had certain definite lesions of the reproductive organs which had proved recalcitrant to prolonged and careful therapeutic and accessory treatment. Finally, the physical finding being quite clear as to chronic inflammatory disease of the right appendages, with persistent retroflexion of a bulky, top-heavy uterus,

operative measures were advised with a view to relieve the local pain and distress which now were wrecking all comfort and usefulness.

On February 10th of the current year operation was carried out by Dr. Burford, Dr. Madden anæsthetizing and Dr. Wynne Thomas ably assisting. The suppurating right appendages were removed; the appendix vermiformis, long and tortuous, with a faecal concretion, was ablated; and the fundus of the hypertrophied uterus, raised out of the pouch of Douglas, sutured in its normal position. The patient bore the operation very well.

There was nothing noteworthy in the condition during the first three days; the temperature was uniformly below 100°, the pulse ranging from 80 to 120 per minute. The bowels were well moved on the morning of the 15th, some recent tendency to vomiting being thereby entirely checked.

On the evening of the same day she complained of pain during micturition, and immediately had a prolonged convulsive seizure lasting some fifteen minutes. During and after the attack her pulse was very rapid, feeble, and intermittent; and the nurse, thinking she was dying, gave a hypodermic injection of $\frac{1}{60}$ th grain of strychnine. Dr. Madden promptly saw her, and found she was beginning to regain consciousness, but was very dazed; the pupils were widely dilated, and she was somewhat collapsed. Glonoin 3x was given in 5-drop doses every two hours during the night, alternated with the administration of 1 drachm of brandy.

A fair night was obtained. The temperature averaged about 100°, but the pulse ranged between 140-150 per minute. The bowels were again opened, naturally and freely, at 8.15 on the ensuing morning; the patient was very feeble, and complained of pain at the back of her head. At 9.15 a.m. on this date (February 16th) she had another fit, and others at 11.15, at 12.10, at 1.0, at 2.5, at 3.22, at 4.20, at 5.40, and again at 7.30 p.m.; this last attack was a long one, covering some forty-five minutes. During this day belladonna 1x and ignatia 1x had been given in 2-drop doses alternately every two hours; small quantities of fluid food were administered from time to time. The seizures were epileptiform in type; the convulsions attacked the right side first, then both sides simultaneously were affected, ending finally on the left

side. The head was drawn at the first part of the seizure to the right, and at the latter part to the left. Urine was passed unconsciously; there was frothing at the lips; a cry would come at the end of an attack.

Dr. Burford now met Dr. Madden and Dr. Wynne Thomas in consultation. The patient was unconscious, with dilated pupils and upturned eyes; the pulse was small and its rate 160 per minute; the general state was that of collapse, and the patient was apparently becoming moribund. The therapeutic measures were discussed carefully and at length, and finally it was agreed to give hydrocyanic acid in the 2x dilution, in 3-drop doses every two hours. *From the time this was commenced there was no recurrence of fits, nor even a threatening of petit mal;* and although for two or three days she remained extremely feeble, as if on the verge of collapse, with a high, thready pulse, the temperature declined, and convalescence proceeded with no further arrest. On February 28th the patient was beginning to sit out of bed.

The clinical record as to the character of the fits was submitted to Dr. Goldsbrough for expert consideration and report. He is of opinion that the *prima facie* evidence warrants the consideration of them as truly epileptic seizures, the effective cause being the shock of operation; and he points out that their rapid subsidence under hydrocyanic acid is quite in keeping with their acute character and recent induction.

By an interesting coincidence the use of hydrocyanic acid in recent epilepsy was first recommended by the late Dr. Henry Madden. In the foregoing case this remedy turned the tide from what had every appearance of an impending fatal result, toward almost uninterrupted convalescence.

REVIEWS.

The International Homœopathic Medical Directory, 1905.
The Homœopathic Publishing Company, London, 1905.

THE issue of the *Homœopathic Directory* for this year is under the editorship for the first time of Dr. Roberson Day, and "a Committee of twenty Fellows and Members of the British Homœopathic Society," as we are told in the Preface. It is

no fault of these gentlemen that the Directory is not complete, inasmuch as several of our well-known colleagues still adhere to the policy of withholding their names, for so-called "ethical" reasons, which we consider mistaken. But the fact remains, and colleagues from other countries, in looking up the Directory for the names and addresses of men whom they wish to see, are surprised to find they are not in it, which is, we think, a pity. We are told proverbially that "new brooms sweep clean," and we expected to find that under the new editorship, the Directory would be a model of accuracy as far as it went. We are told in the preface that "No names have been inserted in this Directory without permission, and no effort has been spared to make it accurate in every detail." But we are rather disappointed to find that the names of three colleagues who have joined the majority, one three years ago, and one only last year, whose obituaries appeared in the *Review* and the *World*, still figure in the Directory as alive. The addresses of two others who have changed their residence is given as before; a dentist who has a dental diploma but not a medical one, and who practices as a dentist only, has his name entered among the medical list, while the entry of one of the editors of the *Review* has a line inserted in it which belongs to some one else, and consequently his hours of consultation and his telephone number are those of another man, his correct hours and telephone number appearing lower down. The printers and publishers on having their attention drawn to this piece of inexcusable carelessness, have done their best to rectify it by sending an *erratum* slip to all subscribers to the Directory, to be pasted in on page 5. We thank them for this, but we regret the occasion for it. We are, however, glad to note the addition of six new names, one of them being that of a well-known colleague, whose name, since the boycott of Keene & Ashwell's Directory, has been conspicuous by its absence.

The outside of the book and its general "get-up" is all that could be desired, while the information regarding the Homœopathic Societies, Hospitals, and Dispensaries, is excellent and complete. The list of colonial and foreign colleagues seems full and accurate, as is guaranteed by the names of those who have supervised such lists.

The Directory, in spite of the inaccuracies which we have felt it our editorial duty to notice, is, however, a valuable book of reference. In fact, it is indispensable for ourselves, for our colleagues from the Colonies, the United States, and foreign countries, to say nothing of its being the only available source of information for the public at home and abroad, who want to know where homœopathic doctors are to be found.

The Essentials of a Convenient, Comfortable, and Healthy House.

By JOHN W. HAYWARD, M.D. Thompson & Capper,
Liverpool, 1905.

THIS is a very interesting and able booklet on the above subject. The first section on *construction* gives an ideally constructed house; but we fear that, unless built specially for the occupant, it will be difficult to find such an ideal house anywhere. So, while aiming at the best, one has to submit to the logic of circumstances, and be content with a second best. The second section, *warming*, contains excellent matter, which is more easily attainable. The third section, on *ventilation*, is ideal in its aims, but we fear is as Utopian as the construction. The question of satisfactory ventilation of a house is proverbially a difficult one. In fact, Dr. Hayward says, "of the vast number of plans that have hitherto been suggested and tried, not one has been found entirely satisfactory," and again, "I admit that ideal ventilation is not practicable for ordinary houses; but I do not believe that a practicable scheme for ordinary houses is an impossibility." This is not very encouraging, but as one should aim at the ideal, Dr. Hayward's suggestions are well worth study, and we cordially recommend a careful perusal of this interesting little book.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the Session 1904-1905 of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, March 2nd, 1905, at 8 o'clock, Dr. Spiers Alexander, Vice President, in the chair.

SPECIMENS.

The following specimens were exhibited. (1) Double extra-uterine gestation, consisting of tubal mole in the right Fallopian tube, and tubal gestation in the ruptured left Fallopian tube, with both fetuses. Operation. Recovery. (2) Ovarian cyst from the left ovary, following six years after removal of a similar ovarian cyst on the right side. Operation. Recovery. (3) Carcinoma cervicis uteri, removed by vaginal hysterectomy. Operation. Recovery. (4) Carcinoma uteri, removed by vaginal hysterectomy. Operation. Convalescence. (5) Myoma uteri, with calcareous degeneration of a part. Operation. Recovery. (6) Large myoma uteri, weighing 13 pounds, growing a year after the menopause. Operation. Recovery. (7) Myoma uteri, removed on account of recurrent hæmorrhage and cardiac symptoms.

Operation. Recovery. (8) Myoma uteri, removed because of intractable hæmorrhage, with attending cardiac dilatation. Operation. Recovery. (9) Epithelioma of right and left labia vulvæ and clitoris. Complete excision. (All by Dr. Burford). (10) A papillary ovarian cystoma removed by operation. Recovery. (By Dr. Edwin A. Neatby). And (11) A microscopic section of above, showing angio-adenocarcinomatous structure. (By Mr. F. A. Watkins).

SECTION OF SURGERY AND GYNÆCOLOGY.

A paper on anæsthetics was contributed by Mr. A. A. Beale, of which the following is a synopsis. Mr. Beale reviewed shortly the history of anæsthetics, pointing out that the earlier half of the nineteenth century marks the era of the real inauguration of the practice of anæsthesia. His paper deals with the introduction of oxygen, nitrous oxide, ether, chloroform, amylene, ethyl bromide, and the latest of the number, ethyl dichloride. Mr. Beale's chief interest, however, centres round the use of chloroform, which he regards as the best anæsthetic. He gave an account of its history, formula, nature, physical properties, and relation to the atmosphere, with special reference to absorption by the latter, and the effects of temperature. Most interesting tables were shown indicating the effect of temperature upon the degree of absorption, and the effect of absorption upon the temperature of the air containing chloroform in suspension. The various methods of administration were critically examined, the best method being that which ensures an accurate percentage of admixture of chloroform with air in a closed receptacle before the patient begins to inhale. The various modern appliances of different inventors were exhibited to illustrate this point, and their relative advantages demonstrated.

With regard to ether, Mr. Beale pointed out when that was desirable and undesirable, its relative safety and possible after-complications. In a discussion which followed the reading of the paper, Dr. Spiers Alexander, Dr. Furford, Dr. Byres Moir, Dr. Madden, Dr. E. A. Neatby, Dr. Jagielski, Mr. Wynne Thomas, Dr. James Jones, and Mr. Vincent Green joined, and Mr. Beale replied.

NOTABILIA.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of the Governors, Donors, and Subscribers to the London Homœopathic Hospital was held on Thursday, March 2nd, at 4 o'clock p.m., in the Board Room of the Hospital, the EARL CAWDOR in the chair.

The Acting Secretary, Mr. Attwood, read the

FIFTY-FIFTH ANNUAL REPORT

for the year ending Dec. 31st, 1904, as follows :—

In presenting to the Governors, Donors, and Subscribers the Fifty-fifth Annual Report, for the year ended Dec. 31st, 1904, the Board have to record with deep regret the great loss which they and the Hospital have sustained by the death of the late Secretary-Superintendent, Mr. G. A. Cross, which occurred at his residence at Muswell Hill, on October 31st last, after two weeks' illness. The Board take this occasion to place on record their high sense of the great services rendered to the Hospital by Mr. Cross, who always held the Hospital and homœopathy very near his heart. He assisted materially in raising funds for the new Hospital, amounting to nearly £50,000, and in the erection of the building. His abilities and his self-sacrificing devotion to its interests did much to gain for it the position which it now occupies among the general hospitals of London, and in establishing it as the centre of homœopathy in the United Kingdom. The following letter of condolence was ordered, at the Board Meeting of Nov. 10th, 1904, to be sent to his widow: "The Board learn with the greatest regret the serious loss which they and the Hospital have sustained in the death of the late Secretary-Superintendent of the Hospital, Mr. G. A. Cross. He has been connected with the Hospital for the past thirty years, and during that period he has devoted himself to the interests of the Hospital and of homœopathy, and endeared himself to all connected with it—and it is impossible to over-rate the services which he rendered to it. The Board sympathize sincerely with his family in their sudden bereavement, and direct that this resolution may be forwarded, with their kind wishes, to Mrs. Cross and her family." The Board have for the present appointed Mr. E. A. Attwood (Mr. Cross's assistant for the last twenty years) Acting Secretary of the Hospital.

In- and Out-patients.—The in-patients have during the past year numbered 1,016, and the out-patients (including 14,829 renewals) 23,488. The out-patients' consultations numbered 40,536. The following are the numbers for five years :—

| | In-patients. | Out-patients. | Out-patients, No. of Consultations. |
|------|--------------|---------------|--|
| 1900 | .. 1,128 | .. 21,517 | .. 36,795 |
| 1901 | .. 1,092 | .. 21,822 | .. 39,871 |
| 1902 | .. 1,031 | .. 20,749 | .. 37,267 |
| 1903 | .. 1,145 | .. 23,869 | .. 43,289 |
| 1904 | .. 1,016 | .. 23,488 | .. 40,536 |

The work of the Hospital during the past year was interrupted by the necessity for taking out the large boiler in the basement and putting in a new boiler, which had, on account of structural difficulties in the original building, to be delivered in sections and to be riveted together in the boiler-house. On account of the noise arising from this work, the Hospital had to be entirely emptied and the out-patient department closed for the month of August.

It must be remembered that a hospital cannot be emptied at so short a notice as an ordinary house or hotel. No serious cases can be received for some days previously, lest it should be impossible to discharge them when the work has to begin. The interruption is thus felt for a much longer time than that occupied by the actual duration of the repairs. Owing to this cause the number of in-patients for last year is somewhat lower, 1,016 against 1,145 in 1903, and the out-patients' consultations 40,536 against 43,289 in 1903.

The accounts for 1904 will be found on pages 32 to 41. They have been audited by Messrs. Prideaux, Frere, Brown & Hannay, Chartered Accountants.

Income.—The income has been greater in 1904 than 1903, though less than in 1900 and 1902. The following table shows the ordinary income for the past five years :—

ORDINARY INCOME.

| Income. | 1900. | 1901. | 1902. | 1903. | 1904. |
|-----------------------|------------|-----------|-----------|-----------|-----------|
| | £ s. d. | £ s. d. | £ s. d. | £ s. d. | £ s. d. |
| Annual Subscriptions | 1478 6 0 | 1580 16 0 | 1612 8 0 | 1741 19 6 | 1744 14 6 |
| Donations - - - | 1570 17 6* | 775 9 8 | 757 18 2 | 229 0 8 | 359 13 0 |
| Hospital Sun. Fund - | 622 18 4 | 458 6 8 | 527 1 8 | 568 15 0 | 533 15 10 |
| Hospital Sat. Fund - | 144 4 0 | 143 15 0 | 135 8 0 | 180 2 0 | 146 2 0 |
| King Edward's Fund | 200 0 0 | 200 0 0 | 200 0 0 | 200 0 0 | 200 0 0 |
| Invested Funds - | 2317 17 1 | 2273 15 3 | 2464 7 11 | 2164 8 5 | 2666 15 7 |
| Nursing Institution - | +34 0 6 | +108 1 10 | +191 8 9 | +79 10 10 | +1 2 10 |
| Out-patients' Fees - | 906 10 0 | 917 12 0 | 875 6 0 | 1024 0 0 | 964 3 0 |
| Other receipts - - | 250 0 0 | 25 0 0 | 534 2 0 | 120 0 0 | 231 2 6 |
| | 7523 13 5 | 6462 16 5 | 7298 0 6 | 6237 16 5 | 6867 9 3 |

* This year a special donation of £500 was received.

+ Profit after deduction of expenses.

As regards contributions, it is satisfactory to note that the list of annual subscriptions, notwithstanding the loss of several valuable contributors by death and withdrawal, shows a steady increase, and the receipts from donations also show a slight increase over 1903.

The following table shows the fluctuations of ordinary income during the past five years:—

| Year. | Income. | | | Increase compared with last preceding year. | | | Decrease compared with last preceding year. | | |
|-------|---------|----|----|---|----|----|---|----|----|
| | £ | s. | d. | £ | s. | d. | £ | s. | d. |
| 1900 | 7,523 | 13 | 5 | — | — | — | 1,414 | 11 | 7 |
| 1901 | 6,462 | 16 | 5 | — | — | — | 1,060 | 17 | 0 |
| 1902 | 7,298 | 0 | 6 | 835 | 4 | 1 | — | — | — |
| 1903 | 6,287 | 16 | 5 | — | — | — | 1,010 | 4 | 1 |
| 1904 | 6,987 | 9 | 3 | 579 | 12 | 10 | — | — | — |

Expenditure.—The following table, comparing the expenditure of the five years 1900–1904 inclusive, shows the variations in expenditure arising from the Hospital work:—

ORDINARY EXPENDITURE.

| Expenditure. | 1900. | | | 1901. | | | 1902. | | | 1903. | | | 1904. | | |
|----------------------|-------|----|----|-------|----|----|-------|----|----|-------|----|----|-------|----|-----|
| | £ | s. | d. | £ | s. | d. | £ | s. | d. | £ | s. | d. | £ | s. | d. |
| Provisions - - - | 2517 | 19 | 7 | 2700 | 14 | 0 | 2427 | 5 | 3 | 2719 | 7 | 8 | 2137 | 10 | 3* |
| Surgery & Dispensary | 955 | 19 | 5 | 1056 | 16 | 11 | 1635 | 8 | 5 | 1088 | 2 | 6 | 983 | 4 | 10* |
| Domestic - - - | 2256 | 11 | 2 | 2411 | 3 | 3 | 2276 | 0 | 7 | 2330 | 9 | 7 | 2082 | 0 | 3* |
| Establishm't Charges | 703 | 15 | 2 | 974 | 16 | 1 | 767 | 16 | 8 | 699 | 15 | 11 | 771 | 9 | 0* |
| Salaries and Wages | 2821 | 17 | 0 | 2941 | 4 | 0 | 2947 | 1 | 7 | 3210 | 1 | 10 | 2668 | 17 | 4* |
| Miscellaneous - - | 175 | 18 | 11 | 168 | 2 | 7 | 195 | 12 | 7 | 297 | 1 | 4 | 310 | 0 | 4* |
| ADMINISTRATION— | | | | | | | | | | | | | | | |
| a. Management - - | 677 | 16 | 5 | 709 | 8 | 0 | 740 | 16 | 10 | 679 | 10 | 1 | 886 | 19 | 5* |
| b. Finance - - - | 21 | 0 | 0 | 94 | 15 | 11 | 157 | 2 | 11 | 127 | 2 | 8 | | | |
| Estimated cost of | 10130 | 17 | 8 | 10967 | 0 | 9 | 10647 | 4 | 10 | 11119 | 11 | 7 | 9740 | 1 | 5* |
| Nursing Institute } | 1268 | 5 | 0 | 814 | 19 | 2 | 838 | 6 | 0 | 1128 | 0 | 2 | — | — | — |
| | 8862 | 12 | 8 | 10142 | 1 | 7 | 9708 | 8 | 10 | 9991 | 11 | 5 | 9740 | 1 | 5 |

* Nursing Institute expenses amounting to £1,024 3s. 8d. are not included this year in Hospital Expenditure.

Cost of Patients.—An analysis of the above expenditure, £9,740 ls. 5d. for the year 1904, after deducting £1,761 12s., the estimated cost of 23,488 out-patients at ls. 6d. each, gives the following results, neglecting the fractions:—

| | |
|---|--|
| Total cost per week of each in-patient. | Total cost of each in-patient. |
| £2 0s. 11d. | £7 17s. 0½d. |
| Total cost per occupied bed for the past year. | Daily average number of in-patients for the past year. |
| £106 7s. 8½d. | 75. |
| Number of in-patients for the past year. | Average number of days each in-patient was resident. |
| 1,016 | 26. |
| Average number of patients who occupied each bed in the past year, 13½. | |

Note.—The Hospital was, as above stated, closed from the 1st to the 31st August inclusive.

Deficit :—

| | £ | s. | d. |
|---------------------------------------|-------|----|----|
| The year's total expenditure has been | 9,740 | 1 | 5 |
| The income | 6,867 | 9 | 3 |

| | | | |
|----------------------------|-------|----|---|
| Deficit on ordinary income | 2,872 | 12 | 2 |
|----------------------------|-------|----|---|

The following is the total of the encroachment on capital caused by the annual deficits in the income account :—

| | £ | s. | d. |
|---------------------------------------|--------|----|----|
| December 31st, 1903, due to capital.. | 10,412 | 18 | 1 |
| Deficit of the year 1904 .. | 2,872 | 12 | 2 |
| | 13,285 | 10 | 3 |

| | | | |
|---|-----|----|---|
| Extraordinary expenditure : Cost of new boiler, repairs to lifts, iron ladders and bridges for fire escape, etc. .. | 545 | 17 | 3 |
|---|-----|----|---|

| | | | |
|---------------------------------------|--------|---|---|
| December 31st, 1904, due to capital.. | 13,831 | 7 | 6 |
|---------------------------------------|--------|---|---|

This expenditure of capital funds in the current work of the Hospital received, it will be remembered, the special sanction of the last general meeting in 1904, which empowered and directed the Board to withhold or withdraw from the capital fund, so far as might be necessary, the sum of £3,000 per year for the four years ending December 31st, 1906, subject to the condition to replace those amounts if possible.

It will thus be seen that the Board has been compelled by the exigencies caused by the activity of the Hospital and the above extraordinary expenditure to use this sanction to the full amount in 1904. The Board in the present year, 1905, in conjunction with the medical staff, are making an urgent appeal to the friends of the Hospital to replace the large draft already made upon the reserve funds.

By the employment in this way of capital funds to the amount of nearly £14,000, the Hospital is deprived of annual income to the amount (at 3 per cent) of £420.

Appeal to replace Capital Funds.—Towards the effort of the Board to replace the above amount of £13,831 7s. 6d., the Chairman of the House Committee, Sir Henry Tyler, promised to contribute the sum of £1,000 provided an extra £5,000 was paid or promised by December 31st, 1904; or, similarly, to give a donation of £2,000 if the extra amount paid by that date reached £10,000, and also in such case to subscribe £100 per annum as a "new annual subscription."

Captain Cundy, Vice-Chairman of the Board, has promised another £1,000, John Carter, Esq., £250, Colonel Clifton

Brown, H. W. Prescott, Esq., and A. Ridley Bax, Esq., F.S.A., £100 each, and promises from other members of the Board of Management make a total of £1,700. From sources outside the Board of Management donations and promises have already been received, including £500 from Mrs. Rylands, £100 from Miss Barton, £100 from Mrs. Kynaston Cross, and £100 from Sir Alexander Hargreaves Brown, to the amount of £2,200, making, with the £1,700 above mentioned, a grand total of £3,900. Lord Dysart has promised £500 if the £5,000 is raised, or £1,000 if the £10,000 is reached, thus leaving £600 to be raised to secure Sir Henry Tyler's first £1,000, and £4,500 to secure Sir Henry Tyler's second donation, provided he can be induced to extend his time limit. This he is prepared to do on certain conditions, which he will state at the Annual General Meeting.

Committee on Expenditure.—The Board have during the past year appointed a Sub-Committee of the Board and the Medical Staff, who have gone exhaustively into the question of the expenditure, and have instituted a few changes which they think will, in the future, effect a reduction under several of the headings without impairing the utility of the Hospital or the comfort of the patients. They feel, however, that modern medical science has now many requirements which when this Hospital was founded were unknown, and which necessitate much increased outlay on all sides, and, whilst wishing to conduct the charity with the strictest economy, they would be careful not to jeopardize the results of the Medical Officers' labours by undue parsimony. With this object in view, the Sub-Committee have found it most difficult to suggest any reduction in the expenditure; but they were able, as already stated, to make some recommendations which they trust will be effective.

Rating of Hospitals.—Upon one other item of expenditure the Board desire to comment briefly, which, though an ordinary one, and appearing yearly in the accounts, it calls for the attention of all supporters of London Medical Charities. The Board refer to the payment of rates. During the past year the Hospital has paid under this head a sum of £426 8s. 11d. which in other words means that something like £8 per week must be collected and paid away to the local authorities before one penny can be spent on the patients. The question of the rating of charities is one which has occupied the attention of managers and others interested for many years, and strong efforts have been made to procure exemption, but so far without success. Comparatively few, it is believed, of those who subscribe to London Hospitals are aware of this charge upon the funds, and the Board, in drawing attention

to the matter, very earnestly suggest the desirability of all supporters of Hospitals using their influence in every possible way to secure Parliamentary action, with a view to the removal of this serious burden.

Private Nurses.—The receipts from private nursing in 1904 have been £1,105 6s. 6d., which compares with previous years as follows :—

| | | | | £ | s. | d. |
|------|----|----|----|-------|----|----|
| 1900 | .. | .. | .. | 1,302 | 5 | 6 |
| 1901 | .. | .. | .. | 923 | 1 | 0 |
| 1902 | .. | .. | .. | 1,029 | 14 | 9 |
| 1903 | .. | .. | .. | 1,207 | 11 | 0 |
| 1904 | .. | .. | .. | 1,105 | 6 | 6 |

The Board desire to call the attention of the homœopathic medical profession and of the governors and subscribers to the fact that this Hospital supplies nurses from the private staff for adult and children's cases. It is a subject of great gratification that the demand for the nurses is maintained, and that general satisfaction has, without any exception, been expressed by every one who has had a nurse from the private staff. A telephone extension, No. 359 Holborn, has been recently fitted, and callers can now speak direct to the room of the Lady-Superintendent of Nursing.

King Edward's Fund.—The visitors of King Edward's Fund, Dr. F. W. Pavy and Mr. J. S. Wood, inspected the Hospital on Friday, June 17th, and expressed themselves perfectly satisfied with its condition. It is always a pleasure to the Board to welcome the visitors of King Edward's Fund, and the pleasure would be much increased if the result obtained for the Hospital in the list of awards compared more favourably with those from the Hospital Sunday Fund and the Hospital Saturday Fund, and with those awarded by the King's Fund to other hospitals.

Hospital Sunday and Saturday Funds.—The Board gratefully acknowledge the following awards from the three Hospital Funds during the present year :—

| | £ | s. | d. |
|--------------------------------------|-----|----|----|
| King Edward's Fund | 200 | 0 | 0 |
| Metropolitan Hospital Sunday Fund .. | 533 | 15 | 10 |
| Hospital Saturday Fund | 146 | 2 | 0 |

Legacies.—The legacies received during the year are as follow :—

| | £ | s. | d. |
|---|-----|----|----|
| Mr. James Soanes | 100 | 0 | 0 |
| Mr. Henry Mountain | 200 | 0 | 0 |
| Miss Pye | 200 | 0 | 0 |
| Award from the estate of Mr. Francis Heathcote | 100 | 0 | 0 |

Convalescent Home.—The Convalescent Home at Eastbourne, which, though a separate institution, is associated with the Hospital, continues to be of much value to women and children requiring further aid after leaving the wards, and also to other convalescents recommended by subscribers. Its sixteenth annual report shows a total of 178 admissions (including renewals) during the year 1904, viz. 121 women, 42 children, and 15 nurses of the Hospital. Annual subscriptions and donations for the support of this excellent work are much needed.

Enquiry to Prevent Abuse.—Every care has been taken to prevent the abuse of the Hospital by persons who have no claim on the benefits of such institutions. Many persons have been interviewed as to their means when applying for treatment during the past year. Such abuse is often difficult to detect, but every endeavour is made towards detection by full enquiry into the circumstances of each doubtful case.

Retiring Members of Board.—The following members of the Board—The Earl Cawdor, Colonel J. Clifton Brown, Mr. Edward Clifton Brown, Mr. James Epps, Mr. Thomas D. Galpin, Mr. H. W. Prescott, Mr. F. G. Smart, Mr. W. H. Trapmann—retire in the usual annual rotation, and, being eligible, are proposed for re-election. The Board has been strengthened by the addition to their number of Mr. Harry I. Barton and Mr. R. H. Caird, J.P. The two medical members of the Board, Dr. Blackley and Dr. Byres Moir, retired in ordinary course. The Board have, however, on the nomination of the medical staff, much pleasure in re-electing both these gentlemen for 1905.

Medical Staff.—The following medical appointments have been made: Dr. H. E. Deane and Dr. Miller Neatby, as Physicians to the Hospital.

The medical report shows the great activity of the medical staff to have been fully maintained, and the Board cannot over-estimate their valuable services and deep interest in the progress of the Hospital.

Ladies' Guild.—The Ladies' Guild of the Hospital has made good progress during the year. By the energetic management of the honorary secretaries, Mrs. Kimber (Hampstead branch), Mrs. Holman (Highgate, Finchley, and Muswell Hill branch), Mrs. Carter (Tulse Hill, Streatham, and Denmark Hill branch), Mrs. Spencer Cox (Kensington branch), Mrs. Algie (Crouch End and Crouch Hill branch), Mrs. Gordon Fellowes (South Kensington branch), Mrs. Knox Shaw (Bloomsbury branch), the membership has reached a total of 453, while 515 garments have been provided during the year for the use of the Hospital patients, and a total of £202 18s. 6d. has been subscribed to

the Hospital funds up to December 31st last. The Hampstead branch subscribe for "The Hampstead Bed," the Highgate, Finchley, and Muswell Hill branch for "The Highgate Cot," the Kensington branch for "The Kensington Cot," and the Bloomsbury branch "The Bloomsbury Bed." New branches are in course of formation.

In addition to the subscriptions, a lecture on "Japan" was given, on behalf of the Hospital, by J. E. Iddiard, Esq., and Mrs. Kimber handed to the Hospital as a result the sum of £30 6s., and a concert was given at the Hampstead Conservatoire, which resulted in the sum of £20 being given to the Hospital by Mrs. Holman; making a total of £250 2s. 6d. given to the Hospital by the Ladies' Guild.

Sale of Work and Garden Fête.—In view of the ever-increasing expenses of the Hospital, and the absolute necessity of providing further annual income and paying off the debt to the capital funds, the Council of the Ladies' Guild have decided to hold a grand Sale of Work and Garden Fête in the month of June, 1905, at 11, Kensington Palace Gardens (Mrs. R. W. Perks having kindly placed her house and grounds at the disposal of the Guild for the purpose). By this means it is hoped to raise a large sum. The Council of the Ladies' Guild is fully alive to the great responsibility of the undertaking, and looks forward with confidence for support from each and every person who may read this report. Gifts will be gladly received by any member of the Guild, or by Mrs. Kimber, Carn Brae, 14, Belsize Grove, N.W.; Mrs. Holman, 55, Talbot Road, Highgate; Mrs. Carter, Rawdon Lodge, New Park Road, Clapham Park; Mrs. Spencer Cox, 12, Sheffield Gardens, W.; Mrs. Algie, 12, Glasslyn Road, Crouch End, N.; Mrs. Knox Shaw, 19, Bentinck Street, W.; Mrs. Gordon Fellowes, 17, Onslow Gardens, S.W.

The Board cannot sufficiently express their indebtedness to the ladies of the Guild for their energetic and valued aid in the work of the charity, feeling as they do that no movement of later years has proved more important or beneficial in the cause than the successful establishment of the Guild and its various centres.

Finance.—The accumulated deficit at the end of 1904 amounted, as above stated, to £13,831 7s. 6d. That amount is due to the capital fund. These deficits are viewed with serious concern by the Board, preventing as they do the preservation of the capital funds, reducing the annual income, and seriously restricting much-needed developments of the Hospital which are urgently called for by the medical staff and which the Board are anxious to promote.

The main remedy is an increase in the annual revenue, and towards this increase Sir Henry Tyler, the Lord Dysart, and Mr. Otto Beit have each promised a new annual subscription of £100. Several other friends have promised sums of £1 ls. and upwards as new annual subscriptions, amounting to £92, making an increase of annual revenue of £392. The Board therefore again urge upon their supporters the vital fact that the income is not only insufficient to inspire those developments which would accomplish so much for the Hospital and for the cause it represents, but is inadequate for the present annual expenditure. The Board must therefore rely upon an increase of that generous help which the many supporters of the Hospital have never yet failed to afford them.

Finally, they gratefully acknowledge the continued evidence of Divine favour and aid in the increasing work which this charity is doing for the sick poor.

THE CHAIRMAN (Lord Cawdor), in rising to move the adoption of the report, said: Ladies and Gentlemen,—I must first refer, as the report does, to the death of our late Secretary-Superintendent. The report expresses what I am sure is the feeling of all of us—our deep regret at his death and our gratitude to his memory for all the good work he had done for the Hospital. (Hear, hear.) He was an adept at raising funds; his devotion to the interests of the Hospital extended to every part of it. I am sure you will all feel that the interests of the Hospital were very near his heart, as were the interests of homœopathy at large. We owe to Mr. Cross a very deep debt of gratitude, and I think from here we should express to his family our deep regret at the loss they and we have sustained. There is a proposal to raise for his widow a sum of at least £500, and I am glad to state that at the present moment that amounts to over £350, so that there is less than £100 required in order to secure the last £50 which was promised by Lord Dysart, which would then make it up to £500. As you will see in the report, the deficit on capital account at the end of December, 1904, was just short of £14,000. An appeal was issued at Christmas, and Sir Henry Tyler most generously promised that he would contribute £1,000, provided another £5,000 was promised or paid by December, 1904, or, similarly, to give a donation of £2,000 if the amount reached £10,000. (Cheers.) I am pleased to say £4,400 has been paid or promised, and I am now glad to be able to state that Mr. J. H. Houldsworth has very generously given £500, and other friends £100, to complete the first £5,000, and thus secure Sir Henry Tyler's gift of

£1,000 ; making £6,000 in all. (Applause.) But in addition to this, I am glad to say that Mr. Houldsworth has promised us another £500, and Lord Dysart another £500, and Mr. F. G. Smart £100, provided the second £5,000 is raised, and Sir Henry Tyler's gift of a second £1,000 is secured. (Hear, hear.) Towards that second £5,000 we have already a total of £1,416, so that we only need £3,584 to secure Sir Henry Tyler's second £1,000, making a total of £12,000. (Applause.) This £3,584 I hope we shall be able to raise. (Hear, hear.) I know that some people have said that putting money into the London Homoeopathic Hospital is like putting water into a sieve, but I think at all events we can show that the sieve has a very sound bottom, and we do feel that the amount we have been able to get already should be an incentive to our friends to make up the balance. (Hear, hear.) After all, it is not such a very serious sum, and we must all do our best to endeavour to raise it. I daresay many of our supporters will be surprised to learn that as far as those detestable things called rates and taxes are concerned, we have to raise £8 every week in this Hospital before we can expend a single penny upon our patients. Nobody is fond of rates and taxes, and if anybody can devise any means by which this Hospital could be relieved of that charge it would be a very great boon. We have had a special committee to enquire into the expenditure of the Hospital, who have gone most exhaustively into the whole question. I am told that they have done a great deal of very useful work. I think they have satisfied themselves that there was nothing to find fault with in the Hospital administration but undoubtedly the mere checking of what has been going on has been of very great value, and I hope that system will be carried out from time to time, so that we can always know how we are going on, and whether it is possible to introduce economies. I can imagine that nothing could give more satisfaction to the subscribers and the committee, and I am sure we are very much indebted to the gentlemen who have taken all this trouble with a view of satisfying themselves as to what extent economies are possible, and to what extent the practice of the Hospital is satisfactory and sound. (Hear, hear.) We are very anxious that it should be known that we have private nurses here. Wherever they go their administrations are greatly appreciated, and I hope the medical staff and all interested in the Hospital will bear in mind that we want to get as much work as possible out of our private nursing staff. The report touches upon the subject of King Edward's Hospital Fund. I always feel that the committee of that fund must have made a mistake, and that in awarding us £200 they must have left

out the ought. (Laughter.) They must have meant to give us £2,000. I hear from correspondence which we have had with the fund, that they have been under some misapprehension as to the amount of money that we raise annually here for the purposes of maintaining the Hospital. They came to the conclusion that last year we raised considerably more than we wanted. The fact was they confused the amount which we received to repay the money taken from our capital, and thought it was income. I hope therefore that next year we shall be able to get more from that most excellent fund, though of course we are very grateful to them for what they have given us this year. We have again to thank the Ladies' Guild—I really don't know what we should do without it. It is doing extremely good work for us, not only in the amount of money it brings to our coffers, but in the way of spreading abroad the needs of the Hospital. We are, indeed, very much indebted to all the ladies who do this excellent work, and we hope that the Sale of Work to be held in June will be productive of a large sum, and I think we are very much indebted to Mrs. Perks for having kindly consented to allow the sale to take place at her house. (Hear, hear.) We must always try to get in new annual income, and it will be satisfactory to you to know that we have increased the annual subscriptions by over £400. Amongst those who have provided this new annual revenue we find the generous subscription of £100 from Sir Henry Tyler, who is indefatigable in his gifts and his generosity to the Hospital—not only his generosity in cash, but also in the way of the amount of personal work he does for it. (Hear, hear.) There are very few men who take more trouble or more pains, and who do more work for the Hospital in every way than our good friend Sir Henry Tyler. We have also £100 from Lord Dysart, and the same amount from Mr. Otto Beit, through Dr. Burford, and several other friends have promised us new annual subscriptions of lesser amounts. I think, on the whole, our prospects are decidedly better than they were the last time I spoke here. Certainly we have made a good stride towards getting in a very considerable proportion of the amount we want to repay our capital debt, and I hope that before the year is out we shall have secured the remainder, and that we shall be able to go on in the future without drawing upon our capital. I have much pleasure in moving that this report be received and adopted. (Hear, hear.)

MR. J. P. STILWELL, J.P., in seconding the motion, said there was that in the report this year which made one hopeful for the future success of the Hospital in a way that this time last year they could hardly have thought possible. They

found that large sums of money had come into their coffers which last year no power seemed able to bring in. They had heard how the Chairman of the House Committee, Sir Henry Tyler, had stepped forward into the gap that had been made in their finances. He had come forward with the grand offer of £1,000, which he (Mr. Stilwell) thought he might safely say was secured, and with the offer of a second £1,000 if certain things came to pass, which he (the speaker) trusted would be the case. (Hear, hear.) But there was another thing for which they were greatly indebted to Sir Henry Tyler, and that was his constant attention to the work of the Hospital in committee. The Board sat but once a month, the Committee every week, and there were few Thursdays that Sir Henry Tyler was not in his place at the head of the Committee in looking over the work of the week that had passed, and in providing for the future. He (Mr. Stilwell) had also great pleasure in telling them something which did not appear in the report. An interesting fact was mentioned that they had had a new boiler put in, the reason being that the old one was worn out and might at any time have caused a disastrous accident. He thought he was within the limit when he said that £1,200 was the sum named for the new boiler. Sir Henry Tyler came to the rescue, and with his great knowledge of the matter had secured a new boiler and several other things for £545 17s. 6d. (Cheers.) Such an action on his part was equivalent to the gift of a sum of £600, so that not only were they indebted to Sir Henry Tyler for the gift of £1,000 and the promise of another £1,000 under certain conditions, but there was £600 to the good of the Hospital in consequence of the skilful way in which he carried out the negotiations for the new boiler. (Hear, hear.) With regard to King Edward's Hospital Fund, it was a very difficult thing to say more than Lord Cawdor had already said, but he could not but express the hope he had continually cherished that some day His Majesty might think of their Hospital. That he did so the other day, they were reminded by the fact of his sending them two dozen pheasants, which were greatly appreciated by the patients. He evidently had a kind thought for them, and it was quite possible he might some day think over the gifts which he gave through his fund to the different hospitals in London, and say, "Well, I might do a little more for the London Homœopathic Hospital, for the sake of my old friend Dr. Quin." As to the rating of hospitals for the public benefit, it appeared to him that they were very hardly treated. They were taxed as if they were persons making their living by occupying the Hospital premises. Of course the Hospital was entirely an

eleemosynary structure, and it was very hard that the people who supported it should have to find £8 per week out of their pockets for rates in order to be able to run the Hospital. (Hear, hear.) He believed that nothing short of an Act of Parliament would put an end to that state of things. It was possible that a long lawsuit which would be carried from court to court by those who collected the rates might be successful, but he was not hopeful that it would. If members of Parliament would look into the question, and bring forward a Bill to relieve all hospitals of parochial rates, it would be a very good thing, not only for them, but for all the London hospitals. The Committee which had been appointed to look into the expenditure of the Hospital was doing a good work. They had made certain arrangements by which the responsibility of preventing waste was to be looked after. There was not much waste, but waste was always wrong, and why should they waste if it could be prevented? If they looked back at homœopathy fifty years ago they found that there was a greater fighting spirit on the part of homœopathists than there had been of late years. He was glad to find that that fighting spirit had been rekindled, and the British Homœopathic Association had come into being three years ago and was doing good work. Had it not been for that Association their Hospital would have been without doctors in a few years, because there would have been no supply. Now that they had the Association, their intention was to have lectures, and ultimately they hoped to have a medical college on homœopathic principles, and that would ensure a continual succession of gentlemen who would come forward as homœopathists in the medical profession, and he thought that although it might be the case that certain moneys had been diverted from their Hospital, still in building up the funds of the British Homœopathic Association those who had organized it had been doing excellent work.

SIR HENRY TYLER (Chairman of the House Committee) said: You will have noticed in the report which you have just heard read that the financial position of this our London Homœopathic Hospital is so far from being satisfactory that: (1) We had encroached upon our capital in order to meet our annual expenditure to the 31st December, 1904, by no less a sum than £13,831; and that (2) We were expending upwards of £3,000 a year in excess of our income. And I think it only due to you to explain fully and fairly how this state of things has come about. In doing so I take upon myself a duty the reverse of agreeable, but a duty which apparently there is no one else to perform, and which, as a member of the Board, and after attending the Hospital week

by week, as Chairman of the House Committee for nine years, has naturally devolved upon me at this crisis—for it is a crisis, as you will presently see—in our Hospital's history.

It would be more pleasant if we could this year, following the examples of previous years, compliment each other all round, as is our wont. But I am bound to point out that our present position, and the all-important question of the future of the Hospital, urgently require less compliment and more candour on this occasion.

In former years it has been the practice to ask you as Governors, Donors, and Subscribers, to allow us to encroach upon capital, with a view to subsequent repayment, out of sums to be raised in future years. And last year it was my lot to submit this proposition to you; but I did so with great reluctance, though unavoidably, and with a distinct warning, which was echoed by our noble Chairman, that it would be impossible to go on for many years spending £3,000 a year more than our income.

Since 1902 a new feature has arisen which has made our position vastly more difficult. In that year, mainly on the incentive of Dr. Burford, meetings were held, and the British Homœopathic Association was formed, with the object of raising, at first £10,000, for various purposes, excellent in themselves, and intended generally to extend the principles and practice of homœopathy, which we should all combine in desiring to effect, though we may not all agree as to the best modes to be adopted.

The scheme as put forward was so attractive that our noble Chairman, Lord Cawdor, the treasurer of the Hospital, was induced to become President of the Association and to preside at its meetings. The Chairman of the Hospital Board, Mr. Stilwell, became Chairman of the Executive Committee. Captain Cundy, to whom the Hospital and we are all so much indebted, and who (as well as, of late, Dr. Blackley) very regularly attends the weekly House Committee with me, appears as Vice-President, though his heart is, as we know, in the Hospital, and the names of many of the members of our Board, and a number of our medical staff, are included in the General Committee of the Association.

Mr. W. H. Trapmann, the Vice-President of the Hospital, and I, only, of those who constantly attend to Hospital business, have kept clear of the Association—not because we were not interested in the objects held forth, or in the spread of homœopathy, but solely because we conceived our first duty to be to the Hospital, and because we feared that it would not be possible to obtain funds for keeping the Hospital going, and for raising at the same time the funds

proposed to be collected for the British Homœopathic Association.

Unfortunately, we have too much reason to be satisfied that we were right. When the Association started, the dinner then intended to be held for the benefit of the Hospital was, on the proposition of Mr. Stilwell, abandoned—as was then stated, “to give the Association a chance.” The Association appealed to our subscribers, and, through the homœopathic practitioners in the country, to their patients. And all their activity was employed to collect funds for the Association, and none for the Hospital. We know, however, that some of the subscriptions they received were given under the impression that they were for the Hospital. As a result, the Association announced that they had received, in promises or payments, in their first year £9,000 out of their £10,000. And Mr. Stilwell proposed at their meeting of 10th June, 1903, as follows: “That this meeting authorizes the enlargement of the Twentieth Century Fund from £10,000 to £50,000 for the extension and development of homœopathy in Great Britain.”

It was under these circumstances that I ventured towards the end of last year to prepare, and cause to be circulated, a special and urgent appeal for the Hospital, signed by all our principal officers and three members of the medical staff, which you have no doubt duly received, and to which many of you have kindly responded. The result is that we have raised the £5,000 which I stipulated for as the condition of my first donation of £1,000, which I shall be happy now to provide. And we have further received promises of £1,400 towards the second £5,000, in regard to which I sincerely hope to be called upon for another £1,000. The members of the medical staff have now taken great interest in the matter, and much pains in circulating in the country a letter of appeal and a little pamphlet in a red cover with interesting historical information and appropriate illustrations, containing a further forcible appeal for donations and subscriptions for the benefit of the Hospital. And we shall hope, at all events, for some further results from this appeal in delivering the Hospital from its difficulties.

I have thus far shown you, sufficiently for the present purpose, what has been the course of events, and what have been our difficulties. I have done so not merely to give you information which you ought to possess, but also to lead up to the question that lies before us.

You will have seen that there are two distinct bodies—the Hospital and the Association—appealing separately, and in competition with one another, for financial support

from the believers in homœopathy. Those believers are comparatively limited in number, scattered amongst the general community, and only a certain proportion of them are subscribers. If they can be depended upon to supply the larger funds demanded by the ambitious supporters of the Association, in addition to the smaller amounts asked for by the modest supporters of the Hospital, then there is nothing more to be said.

But if, on the other hand, in spite of constant appeals, it is found impossible to satisfy the demands of both, and if at length the limited number of subscribing homœopathists get tired of being so frequently appealed to and worried by both parties, which is more probable, then it will be impossible to carry on the Hospital usefully and efficiently.

Now the donors and subscribers to the Hospital furnish the funds for carrying it on, mainly with the idea of the benefit derived by poor people from the treatment thus provided for them, but also because it affords to physicians and surgeons, and especially to those of the rising generation, valuable opportunities of experience and practice; and those lay members who devote their time and attention, as well as their money, to its administration, do so nearly, if not quite, as much in the interest of the physicians and surgeons who form its medical staff as in that of the patients themselves, whilst all they can possibly ask for or expect in return is assistance from the staff in simple loyalty to the Hospital, as a great centre of homœopathic training. There are members of the staff who labour incessantly for the good of the Hospital, amongst whom Mr. Knox Shaw and Dr. E. A. Neatby deserve special mention. There are others amongst those who have derived the greatest benefit from the Hospital who appear, unfortunately, not always to be so loyal. But I prefer to avoid so delicate a subject as much as possible, except to accentuate the principal point to which I am leading up, which is that the Hospital is a house divided against itself, and that this is its great danger. The Homœopathic Association claims, in a printed paper recently issued, that it has "afforded its aid in various directions for the extension of homœopathy and of homœopathic hospitals." It has, however, commenced operations by placing this Hospital in considerable difficulty. It ought, as I venture to suggest, to take care that this, its principal Hospital, is reasonably provided for and properly maintained, as a first duty, instead of doing all it can to divert its funds to other purposes, in which we might all heartily join if only our Hospital was relieved from anxiety. On this subject, I must say, I read lately with great surprise, in the printed proceedings of the

Association, a sentence from an address by Lord Cawdor, to the Association meeting over which he presided on the 10th June, 1903. My noble friend, to whom we are greatly indebted for presiding so kindly and genially over our meetings at the Hospital, said : " I hear murmurs from some of our friends at the Hospital that we are taking away money from the Hospital, but they are also taking away money from us." " We will leave the secretary of the Association and the secretary of the Hospital to fight it out between them."

I really am not aware of our having taken any money away from the Association. In the first year of its formation, 1902, we abstained, as I have already stated, from making any appeal for funds, or holding a festival dinner, in order to give them a chance. In the next year, 1903, we had a festival dinner, and appealed for £10,000 ; but we were only able to obtain £5,269, because the Association were appealing at the same time. In 1904 we were prevented from making an appeal earlier by a most lamentable internal disaffection in the Hospital, to which I will not more particularly refer. And the appeal of last December is the first since made.

The sentence above quoted, from Lord Cawdor's address, is the best possible introduction to the question which I desire, in conclusion, to address to you. Is it right that the British Homœopathic Association, with all the principal officers of the Hospital at its head, should contend against such feeble folk as Mr. Trapmann and myself, in collecting money from the homœopathic public, to the serious disadvantage of the Hospital ?

The two secretaries have indeed fought it out between them, and our secretary, poor Mr. G. A. Cross, has succumbed. We have now, however, as his successor, Mr. E. A. Attwood, an equally loyal and more powerful secretary, to continue the conflict if necessary. But if the present system is to continue, of active competition for funds between the Association, backed by the principal officers of the Hospital on the one hand, and the Hospital deprived of their assistance on the other hand, then it cannot be expected that the wretched remnant left to protect the interests of the Hospital will long continue to struggle in such an invidious position. After all the subscriptions and donations now paid or promised, to which I have previously alluded, we shall still, at the end of the present year, be at least £8,000 in debt to capital, and we shall require upwards of £2,000 a year of further annual subscriptions to keep us straight for the future.

The CHAIRMAN said he could assure Sir Henry Tyler that, as far as he personally was concerned, he was quite satisfied that the British Homœopathic Association's and the Hospital's

interests were the same, and certainly did not run one against the other. It was entirely a matter of opinion. He did not think it was a question of loyalty to the Hospital—it was rather a question of what the facts were. Those of them who had interested themselves in the Association were firmly convinced that the interests of the Hospital would be assisted and helped forward. If they had not felt themselves satisfied on that point they would not have put their hands to the Association. (Hear, hear.) Of course, it was quite possible that running the Association and the Hospital might lead to one or the other getting funds that otherwise would have gone to the Hospital, but his own feeling was that there was much more to be gained by the work that was being done by the Association and the Hospital than if they only had the Hospital itself, and the amount of funds that might possibly be diverted from the Hospital was more than counterbalanced by the increased efficiency which would result. He was sure Sir Henry Tyler would give them all credit for doing what they thought best for the interests of the Hospital, and for the interests of homœopathy as a whole.

The report was then adopted.

DR. DYCE BROWN said he had much pleasure in proposing a vote of thanks to the Board of Management and House Committee, Treasurer, Vice-Treasurer, and the Lady Visitors. They all knew what an enormous amount of work was done for the Hospital by those mentioned in the resolution—in fact, without their aid the Hospital could not possibly be worked. The Board met but once a month, but they had a great deal of important work to do. The House Committee was practically the working machine of the whole Hospital. It met every week under the chairmanship of Sir Henry Tyler, and those who were acquainted with the details of the institution knew the enormous amount of work they had to do. One additional reason for their giving a vote of thanks to the Board of Management was the very great liberality which they had shown in supporting the Hospital in its present crisis; and to have heard of Sir Henry Tyler's most munificent donations was enough in itself to have earned their gratitude. When members of the Committee not only did the work, but at the same time showed their love to the Hospital by contributing largely to its funds, it showed that their hearts were in the work, and that it was a real pleasure to them to carry on the affairs of the Hospital. (Hear, hear.) With regard to their Treasurer, the Earl Cawdor, and their Vice-treasurer, Mr. W. H. Trapmann, they were greatly indebted to them, and he did not know how the Hospital could get on without their help. (Hear, hear.) With regard

to the British Homœopathic Association, he (the speaker) was sorry he could not take the view that Sir Henry Tyler did. The views of the Chairman were his views on that subject. He thought Sir Henry Tyler was a little mistaken in suggesting that there was any competition. The two bodies were so distinct, and yet both so necessary for the advancement of homœopathy, that the one was not antagonistic to the other, but complementary. They all knew that the Hospital must be kept up—it was the great focus for homœopaths, and it afforded opportunities for the treatment of diseases and for demonstrating the success of homœopathy that no other hospital did. Consequently every one who was interested in homœopathy was interested in keeping up the Hospital to the highest possible standard, but those who had to do with the Association felt that homœopathy must be looked after itself as well as the Hospital. They must have the means of teaching the young men to come forward to take the place of those who, in course of time, must pass away, and in order to teach those young men properly, they must have a training school, and therefore he maintained that the Association was doing a much-needed work. His own personal view was that Sir Henry Tyler might be correct in saying that some people had given to the Association thinking they were giving to the Hospital, but they could only be very few exceptional cases, and the chief feeling of those who gave to the Association was that they were giving to a separate organization equally necessary and complementary to the work of the Hospital. He had noticed that many of their supporters were equally generous in supporting other hospitals. He thought it would be better for such people to consider whether it was not their duty to give all their support to the Homœopathic Hospital, seeing that their Hospital was taboo to the allopath hospitals generally.

At this point Earl Cawdor had to leave to fulfil another engagement, and the chair was taken by Mr. J. P. Stilwell, J.P.

DR. BURFORD, in seconding the resolution, said he had been connected with the Hospital for sixteen years, and had had some personal acquaintance of the doings of the Board of Management during that time. He had also had some experience of hospitals in this country and on the Continent, and could truthfully say that he had never known a hospital in which the House Committee and the Board of Management had devoted such an amount of time and trouble—especially trouble—as did their Board of Management. In the Board they had what was equivalent to the Government, and in the House Committee they had the Cabinet who were responsible for the daily working of the institution. They had had a

committee appointed lately in order to see whether the administration of the Hospital could be improved in any important detail, and although that committee thought that, like all new brooms, they could sweep a little cleaner, they had not unearthed even any error of judgment, and he thought it spoke admirably for the personal care, assiduity, and success with which the committee had looked after the affairs of the Hospital, that after fifteen years it was reported that no material errors of judgment had even been committed, and no material alterations were needed. (Hear, hear.) With regard to the treasurer and vice-treasurer, Earl Cawdor's works were known to them all, and so long as they had his support they would do well. They were also greatly indebted to Mr. Trapmann for all he had done for the Hospital, and also to the lady visitors, whose kindness in visiting the wards was greatly appreciated by the patients.

The resolution was carried.

DR. NEATBY proposed the election of Mr. Harry L. Barton and Mr. R. H. Caird, J.P., as members of the Board of Management; the re-election of the retiring members of the Board—the Earl Cawdor, Col. J. Clifton Brown, Mr. Edward Clifton Brown, Mr. James Epps, Mr. Thomas D. Galpin, Mr. H. W. Prescott, Mr. F. G. Smart, and Mr. W. H. Trapmann; and the re-election of the two medical members of the Board—Dr. Blackley and Dr. Byres Moir. He said the subscribers might ask what it was that had caused the debt which they were now endeavouring to clear off. In the first place he thought it was plain that one element was the absolute increase in the bulk of the work of the Hospital. The number of patients seen day by day and week by week was very much larger now than it was ten years ago, and the annual income had not correspondingly increased. It had increased to some extent, but not by any means to the same extent as the work. Then a still more important cause of increased expenditure was the change that had taken place in the nature of the work which went on there and at other hospitals. Not only was the cost of living much more expensive than it was years ago, but the kind of work that was done there, notably in the development of special departments, was much more expensive than it was. During the eighteen years he had been connected with the Hospital various special departments had sprung up, and some were now only in their infancy. Then the whole trend of surgery was on much more expensive lines. In the old days it was the orthodox and correct thing for the surgeon to put on his dirtiest coat for operations; now if he wore a coat it was one specially provided by the Hospital, which was carefully

cleaned and sterilized between every single operation. All those things were much more expensive than the rough-and-ready methods that used to obtain, and happily the results were commensurate with the increased expenditure. Operations which a few years ago were not even mentioned because they were so formidable, were now performed in that and other hospitals with a minimum mortality. Operations which he could remember having a mortality of from thirty to fifty out of every hundred were now done with a mortality of perhaps only two out of every hundred, so it was very encouraging to think that there was something to show for this increased expenditure. (Applause.) As to the British Homœopathic Association, the needs of the Hospital must come first, although those of the Association came a very good second, and he believed the Hospital and the Association would pull together harmoniously.

DR. WASHINGTON EPPS seconded the resolution, and it was carried.

COL. CLIFTON BROWN proposed, SIR HENRY TYLER seconded, and it was carried, that Messrs. Prideaux, Frere, Brown and Hannay, chartered accountants, be re-elected the auditors of the Hospital.

CAPT. CUNDY proposed the re-election of the Medical Staff; the confirmation of the appointments of Dr. H. E. Deane and Dr. Miller Neatby as assistant physicians, and a vote of thanks to the Medical Staff. He said he felt a sense of enjoyment in proposing the resolution, because the Medical Staff had been good enough to re-elect Dr. Blackley and Dr. Byres Moir, and therefore they had not the pain of parting with them on this occasion. Referring for one moment to the Association, he must say that at the onset he felt rather upborne at the idea of its formation, but he thought he had lived to moderate that zeal and to see, perhaps, the partial error of his way.

SIR HENRY TYLER, in seconding the resolution, said he knew, perhaps, better than anybody how untiring the Medical Staff were in the performance of their duties, and how successful they were in treating the enormous number of patients who came to the Hospital for treatment. If only their success could be compared with what he might call the success of other hospitals, it would redound very much to the credit of the Hospital and of their Medical Staff. It was with very great pleasure that they confirmed the appointment of Dr. Deane as one of the assistant physicians, because they knew what he did in India in the time of the plague in treating it homœopathically, and that one fact alone ought to be very much in favour of homœopathy. With regard to

Dr. Miller Neatby, they had had him as a house physician, and were glad to know that he was now one of their assistant physicians.

This concluded the business of the Hospital meeting.

The ACTING SECRETARY read the report of the Homœopathic Convalescent Home, Eastbourne.

DR. BLACKLEY moved the adoption of the report, which he said spoke for itself as to its efficient management; but he would call particular attention to the fact that the income was not only inadequate for its maintenance, but prevents that forward movement it ought to make for the reception of men patients. It was an inestimable advantage to the poor women and children who left the Hospital to be able to go to the seaside and recruit, and the only thing they desired was that they should also be able to send male patients.

DR. GILES F. GOLDSBROUGH seconded the motion, and the report was adopted.

The meeting then terminated.

HAHNEMANN HOSPITAL, LIVERPOOL.

THE Annual Meeting of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries was held yesterday in the Town Hall, when the Lord Mayor presided over a numerous attendance.

Mr. Thomas Coope (secretary) read the report, which stated they had now completed the seventeenth year of the Hospital and the sixty-third year of the Dispensaries, and proofs were manifest of ever-increasing efficiency and extended popularity. The number of patients admitted into the Hospital during the year was 485; remaining in Hospital at end of 1903, 34; total, 519. Out-patients for the year: Hope Street—attendances at the Dispensary, 44,597; visits at patients' homes, 3,509; Roscommon Street—attendances at the Dispensary, 22,280; visits at patients' homes, 3,966; total, 74,352. That made a grand total of 74,871. The newly-erected nurses' home had been of immense value, and after a year's working the laundry had fully justified its provision. Reference was made to the need for reconstructing the Roscommon Street Dispensary.

Mr. E. Shorrock Eccles (hon. treasurer) presented the accounts, which showed that the debit balance had been increased from £165 to £308, while for the Roscommon Street rebuilding scheme £1,100 was promised towards the £1,700, which was the least amount which would be necessary. Two

of the promises were conditional on the whole amount being raised by a certain time.

The Lord Mayor, in proposing the adoption of the report and accounts, expressed the very great pleasure it afforded him to be actively associated with so good a work. Alluding to a visit paid by himself and the Deputy Lady Mayoress to the Hospital, Nurses' Home, and Laundry, he gave a most appreciative account of the tour under the guidance of Mr. J. Carlton Stitt. The patients in the Hospital, he said, were so rapidly and pleasantly restored to health as to make the institution most attractive. Indeed, so delightful were the treatment and surroundings of the patient that if he himself came to occupy one of the beds he should desire that such a delightful experience be protracted to the fullest extent allowable. The institution was carrying on a noble work in Roscommon Street. What would the congested districts of the city be like without all the kindness and skill shown by that and kindred institutions? (Applause.)

Mr. J. Carlton Stitt seconded the motion. He said the Dispensary figures were quite startling, there being an increase of 7,000 attendances on those of any previous year. The Roscommon Street people were not sentimental concerning schools of medical practice, but they came to the Dispensary year after year because they were cured there.

The resolution was adopted.

The Rev. W. J. Adams proposed a vote of thanks to the General and Executive Committees and to the Ladies' Committee for their services during the year.

Mr. Walter H. Wilson seconded, and the resolution was carried.

The Ven. Archdeacon Madden proposed: "That the president, vice-presidents, honorary treasurer, honorary secretary, and auditors (Messrs. Harwood Banner & Son) be re-elected, and that the following gentlemen constitute the committee for the ensuing year: Rev. D. H. C. Bartlett, Messrs. George Atkin, J.P., T. H. R. Bartley, Cedric R. Boulton, J.P., S. J. Capper, Harold Coventry, Harold G. Crosfield, Alexander Eccles, J.P., E. Shorrocks Eccles, Mark Field, Thomas Gee, Gilbert S. Goodwin, Herbert R. Heap, Edward Mahony, M.R.C.S., Robert May, Edward Paul, Henry E. Rensburg, Herbert J. Robinson, J. Carlton Stitt, J.P., Hahnemann Stuart, John Temple, and Clifford Temple. He testified to the good work of the Roscommon Street Dispensary in the days of his curacy in that district, twenty-six years ago. He had in his present parish of St. Luke's both the Hospital and Rodney Street. Rodney Street was growing more broad-spirited and catholic in regard to medicine than

it used to be. The fact was there had been a great movement in the direction of homœopathy by the medical faculty throughout the country, and those connected with the Hahnemann Hospital could take heart and courage. (Applause.)

The Rev. F. Chantler seconded the resolution, which was agreed to.

Mr. S. J. Capper moved a vote of thanks to the honorary medical officers for their services during the year. Mr. W. M. Kirkus seconded, and the vote was accorded.

Mr. Harold G. Crosfield, in submitting a vote of thanks to the Lord Mayor, said that those connected with the Hospital were all men in dire earnest in believing most thoroughly in their system of medicine. The doctors believed that the system they had was the best, and they felt that it healed with greater efficacy than any other medicine. (Applause.)

The Lord Mayor having replied, the proceedings concluded.—*Liverpool Courier*, Feb. 23rd.

HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

THE Annual Meeting of the Bournemouth Hahnemann Convalescent Home and Dispensaries was held on Wednesday, Feb. 8th. The Mayor (Alderman J. E. Beale) presided, and among those present were Rev. E. G. Phipps Eyre, Dr. H. Nankivell, Dr. B. W. Nankivell, Mr. W. Fisher, Dr. W. T. Ord, Mr. A. S. Hewitt, Mr. A. Peach (temporary hon. treasurer), Mr. W. T. Meredith (secretary), Mr. H. Sutton, Mr. John Berry, and Mr. John Jones.

THE ANNUAL REPORT.

The twenty-sixth annual report was read by Mr. W. T. Meredith, and from this it appeared that during the past year the good work of the Home had been maintained and the debt reduced. The members of the committee retiring this year were Mr. W. Langley-Taylor and Mr. J. A. Branton Williams, both of whom were eligible for re-election. The committee of the Bournemouth Hospital Saturday and Sunday Fund had nominated Mr. John Jones to the position occupied by the late Mr. Hillier, subject to the confirmation of the governors of the institution. Such confirmation was also sought for the appointment of Mr. Herbert Sutton and Mr. W. Fisher, whose services for the committee had been secured within the past year. Mr. Fisher formerly did good

work in this capacity, and had kindly consented to take it up once more. Dr. Giles, Mr. A. Peach, and Mr. A. S. Hewitt had efficiently discharged the duties of the House Committee, which entailed on those holding the office a considerable sacrifice of time. Mr. A. Peach was temporarily filling the office of hon. treasurer during the absence from Bournemouth of Mr. A. Clement Brown. No change had taken place in the constitution of the medical staff, but Dr. B. W. Nankivell, who had ably filled the position of pathologist to the institution for several years, had felt it necessary, owing to want of time, to resign the post. Other arrangements had been made for carrying out the important duties involved. Under the sanction of the Chaplain of the Home, the Rev. F. E. Toyne, Vicar of St. Michael's, both the Rev. F. Young and the Rev. E. G. Phipps Eyre had continued their ministrations in the institution, the former conducting the Sunday morning service, and the latter holding Bible classes on certain afternoons in the week. For these services the committee tendered their very hearty thanks. Regarding the past year's work of the Home, the number of patients received was 185, a considerable increase over the previous year, a result mainly attributable to the fact that there was no necessity for postponing the date for the autumn re-opening. Patients came from nearly 30 English counties, 1 from Scotland, 3 from Wales, 52 from London and suburbs, 19 from Hampshire, and 6 from Dorset. The committee again acknowledged the devotion of the lady superintendent, Miss Hill, to the numerous and various duties of her post. Under her efficient guidance and control the nursing staff had successfully accomplished its work. The generous donation of £50, which had been sent annually for some years past by an anonymous friend through Dr. Hardy for the provision of a night nurse, was a gift which added much to the efficiency of the Home and the comfort of the patients. At the Dispensaries 1,100 patients had been treated, and at their own homes or in the cottage homes 319. Altogether 1,419 patients had been seen, involving 4,615 attendances and visits. Seven of the cases were received into the Home for special treatment. The committee desired to express their deep gratitude to the ladies of the Household Linen Association for their generosity and thoughtful kindness, which had added so materially to the comfort of the patients and the brightness of the Home. Among the generous benefactors of the Home during the past year the committee wished especially to thank the President, the Earl of Dysart, the Metropolitan Hospital Sunday Fund, the Mercers' Company, and the Bournemouth and Christchurch Hospital

Saturday and Sunday Funds for their valued donations ; also the National Telephone Company for the continued use of their instrument at a great reduction from their usual charges. The committee also thankfully acknowledged the donations received through the kind interest of the Rev. F. E. Toyne, the Rev. C. L. Burrows, and the Rev. Canon Dugmore, from special offertories at their respective churches in Bournemouth and Parkstone. Provision was made in the rules of the Home whereby every incumbent or other minister who permitted a special collection to be made in his church for the benefit of the institution was entitled to recommend within a year from the date of such collection one patient for every five guineas so collected, provided the patient recommended resided within the parish or district from which the collection was derived. The clergy and ministers of the district might also obtain from the secretary a supply of dispensary tickets for any necessitous cases that came under their notice for which dispensary treatment was desirable. The committee regretted to record the removal by death of several generous and interested friends of the institution, among them Mr. John Grey, for many years prior to 1899 a valued member of the committee ; Mrs. Pearce, Mrs. Cremer Clarke, Mrs. Snell, and Mrs. Hamilton.

THE FINANCIAL REPORT.

Mr. Peach presented the financial report for the past year, and in this the committee reported that the total receipts on revenue account were £42 more than in the previous year, which was about the amount of the permanent increase of income from invested property now that the full benefit of the newly-endowed beds was being realized. Annual subscriptions also showed an increase of about £35, but the donations, on the other hand, were considerably less. No life governorship donations had been received, nor were the funds helped by legacies. The amounts received from two of the hospital funds were less, but the total of the congregational collections was slightly better. Payments by the Home and Dispensary patients were also rather less. The expenditure for the year was about £39 more, and the nett result was that on the year's working there was a deficiency of £182 8s. 1½d., which was practically the same as that of the previous year. That deficit, with those of 1901-2-3, amounting altogether to £638 8s. 9½d., had been discharged by the proceeds of the "special fund," started in 1903, and the "Oriental Bazaar" held at the Mont Dore Winter Gardens in February last. From the same source the whole cost of the enlargement and renovation of the Home had been

defrayed, and a balance put by for future contingencies. The committee urged the necessity for a considerably augmented subscription list, and trusted that all friends of the institution would endeavour to secure other subscribers to its funds. The bazaar was a very marked success, thanks to the devotion, skill, and untiring energy of the Ladies' Committee and their kind helpers, and also the generous response of the public. By the close of the sale over £1,000 had been received, and this was eventually increased to the satisfactory total of £1,158 6s. 8d. The "special fund" also received some additions, so that the two funds in the two years realized £2,051 17s. 8d. To all friends who thus came to their help the committee returned their hearty thanks.

The income during the year amounted to £1,597 7s. 7d., the expenditure exceeding this sum by £182 8s. 1½d. On the special income account (which amounted to £1,287 17s. 5d.) there was a surplus balance to carry forward to 1905 of £375 18s. 7½d.

Mr. Peach said the income of the institution did not meet the expenditure for the year. He hoped every subscriber would either seek to increase their donations or subscriptions or obtain new subscribers, so that the committee might be enabled to secure annually enough to carry on the Home.

THE MEDICAL REPORT.

The medical report, signed by Drs. H. Nankivell, W. G. Hardy, W. T. Ord, and B. W. Nankivell, was presented by the latter. It stated that the past year had been a full and busy one, and that there had been an increase all round in the work done and in the number of patients received. In the previous year it was found necessary to close the Home beyond the usual time for necessary structural alterations. During the past twelve months 90 men and 95 women had been admitted, making a total of 185. There were 28 already in the Home at the commencement of the year, which brought the grand total to 213. The average stay of patients was 39.4 days. Suitable cases who had derived benefit, and for whom a longer course of treatment seemed desirable, were granted extensions, bringing up the average to 66.6 days in the Home. There had only been four deaths, and these were patients in advanced states of phthisis, one or two of these having been sent into the Home in a moribund condition. The work of the Dispensaries maintained its usual usefulness and popularity amongst the poor of the district. There had been a slightly larger attendance at the Dispensaries, and a small decrease in the number seen at their own homes. At the Western Dispensary 621 persons had sought relief,

with a total of 1,927 attendances. The number of patients at the Eastern branch was 479, with 1,364 attendances. At their own homes and at the Cottage Home 319 persons were visited, with a total of 1,324 visits. There were 4 deaths in the dispensary practice, one each from phthisis and chronic asthma and bronchitis, one from rickets, and one from congestion of lungs. The results of treatment were as follows: Recovered, 590; much improved, 264; improved, 374; unimproved, 30; no report, 45; sent into Home, 7; deaths, 4; under treatment, 105; total, 1,419.

The Mayor, in moving the adoption of the reports submitted, said he rather sympathized with their treasurer in having a balance to carry forward, because that state of things sometimes tended to alienate sympathy which might otherwise be forthcoming. At the same time he gathered that the cost of maintenance exceeded the income, and that the balance in hand was the result of a special effort. It was rather a stigma on the town that such an institution as the Hahnemann Home was not, as it ought to be, maintained by public subscriptions and help, but he believed if the absolute need existing for more help was clearly known it would be forthcoming. He spoke with satisfaction of the statement in the committee's report that the cost of wine and spirituous liquors had been so light, and the fact that administration charges only amounted to £56 proved that they were served by men who knew what they were about and who worked as systematically as possible. He was until lately one of those individuals of Bournemouth who were entirely ignorant of the work and equipment of the Home, and when he was shown over the building by Miss Hill he had been impressed with the fact that it was most excellently managed. Those in office were to be congratulated on the work done and the method in which it had been done. He thought that in carrying on the work of a home of that kind they were preaching the gospel in a practical way.

Dr. H. Nankivell, in seconding the adoption of the reports, said the development of the Home during the last few years had been considerable, and had left on their shoulders a heavy burden financially, but one which they were now breaking down. The year before last they started a special fund, with the excellent result they knew of. They had discharged all their debts, had paid for all their improvements, and had about £300 over as a little "nest egg." The question now was, would that money have to be spent during the next year or so or not? They wanted about £180 more annually. There were many who could give a little more, and if they did not, in the course of about two years, the little they now had in reserve would be swallowed up.

In the absence of Dr. Hardy, which he said they all deplored, Dr. Ord touched upon one or two questions dealing with the welfare and maintenance of the Home. He said that naturally subscribers had felt hurt when cases they had recommended for treatment at the Home had been refused admission. But they should remember the Home was a convalescent Home, and that arrangements were only made for the treatment of such cases. A case of advanced disease threw all those arrangements out of working order, besides putting a severe strain on the staff. Besides, they ought to treat in preference cases likely to receive permanent benefit.

In proposing the re-election of the President (Earl Dysart), Mr. Sutton said that that gentleman, in addition to his many generous gifts, had also helped them to the extent of £300 with the special fund.

This motion was seconded by Mr. J. Berry and carried unanimously.

On the motion of Mr. Hewitt, seconded by Dr. Ord, the names of Messrs. J. Berry, Williams, Taylor, W. Fisher, H. Sutton, and John Jones (representing the Saturday Hospital Fund) were placed upon the committee.

Dr. H. Nankivell said he had to propose for election a new trustee in place of the late Earl Cairns. His successor in the title had, however, consented to stand, and if elected they would still have connected with the Home the house of Cairns—a name associated with the institution from its commencement. (Applause.)

Mr. W. Fisher seconded this, and it was carried unanimously.

Votes of thanks to the matron, medical, and nursing staffs, and to the Mayor for presiding, having been passed, and Messrs. Bicker & Pettitt having been re-elected auditors, the meeting terminated.—*Bournemouth Observer and Chronicle*, Feb. 11th.

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY.

ANNUAL GENERAL MEETING.

THE Sixteenth Annual General Meeting of subscribers to the Phillips Memorial Hospital took place on February 20th at the Hospital, Lownds Avenue, Bromley. The chair was taken by Alderman Sir G. Wyatt Truscott, J.P., and supporting him were Mr. J. Churchill (chairman of the committee), Mr. Thos. Bennett (treasurer), Dr. E. M. Madden, the indefatigable hon. sec. (Mr. J. M. Wyborn), Mr. W. R. G. Hay,

Dr. A. W. Henly, Dr. H. Wynne Thomas, Messrs. W. Walter, G. F. Brock, Oscar Hill (assistant hon. sec.), Mrs. and Miss Churchill, Mrs. Wynne Thomas, Mrs. Patten, and Miss Hyde (the esteemed and valued matron of the Hospital).

The Hon. Secretary (Mr. J. M. Wyborn) read several letters of regret from supporters of the Hospital who were unable to be present, including one from the Secretary of the Bromley Co-operative Society, who referred to the lamented death of Mr. Borer, who was present at the last Committee meeting, and who for the past five or six years had represented the Bromley Co-operative Society on the Phillips Memorial Committee. His death was a great loss to them, as they had found Mr. Borer's technical knowledge most useful to them, and by his unassuming manner he had earned the respect and esteem of all the members of the Committee. Amongst the other letters was one from the Mayor (Alderman T. Davis, J.P.), whose absence was caused by his having to fulfil an engagement made many weeks ago. Letters of apology were also received from Messrs. B. C. Wates, A. J. Beddow, A. C. Norman, J.P., C.C., Paul Henwood (who enclosed a cheque for two guineas), A. T. Drysdale, Councillor Lindsay Bell, A. Stoneham, etc.

THE ANNUAL REPORT.

In their sixteenth annual report for the year ended Dec. 31st, 1904, the Committee were able to record a considerable increase in the work of the Hospital over and above that of the preceding year.

IN-PATIENTS AND OUT-PATIENTS.

Altogether the patients treated have numbered 857. Of these 172 were attended in the wards (166 being new admissions and 6 remaining in at the beginning of the year), of whom 134 were discharged cured and 17 improved in a greater or less degree, 6 still remaining under treatment. There were also 37 cases of dental extraction under gas, making a total of 209 treated apart from the dispensary; 109 operations were performed successfully, and the services of the honorary consultants, Dr. Dyce Brown, Dr. G. H. Burford, Mr. C. Knox Shaw, and Mr. Dudley Wright, were severally rendered on various occasions; 698 visits were paid to 161 patients at their homes, while the attendances at the dispensary amounted to 2,247, and 487 individual patients received treatment in this department. The daily average number of beds occupied during the year amounted to seven. The average duration of the patients' stay in the wards was sixteen days. The cost of each in-patient per week, calculated

on the basis adopted by the Committee of the Metropolitan Hospital Sunday Fund, has been £2 5s. 1d., but the actual cost, after making due allowance for accommodation provided for the treatment of out-patients, including the maintenance of a dispensing department, consulting and waiting rooms, etc., has been considerably under this sum. The Committee have again to record their thanks for five letters of admission to convalescent homes supplied by the Committee of the "Queen's Reign Commemoration Fund, 1897," conferring privileges of exceptional value to patients in need of rest and change after their discharge from the Hospital, including payments for washing and sundry other expenses.

NURSING DEPARTMENT.

Lectures on scientific nursing and the allied subjects of anatomy and physiology, have been given by Dr. Wynne Thomas, as in previous years. Since the removal of the Rev. T. Nicholson from the neighbourhood, the Rev. P. Barker has been assisted by the Rev. W. A. Carroll and the Rev. C. Wilson in carrying out the weekly religious services held for the benefit of the patients and nurses.

INCOME AND EXPENDITURE.

The receipts during the past year from sources which alone can be regarded as regular, comprising annual subscriptions, dividends, rent, and the Metropolitan Hospital Sunday Fund Grant, amounted to £468 18s. 2d. To meet the total ordinary expenditure the Committee therefore had to rely on precarious items, such as payments by patients, donations, collections, entertainments, etc. The donations amounted to £44 7s. 10d., including £18 8s. 4d. from the Bromley Charter Day Festivities Fund. The award from the Metropolitan Hospital Sunday Fund was reduced to £23 19s. 2d., and that from the Bromley Friendly Societies' Hospital Saturday Fund to £4. The payments by patients reached a total of £285 5s. 6d. In order to effect any further reduction in these payments in the case of persons who cannot afford to pay for medical attendance, the Committee must be enabled to rely on a larger amount of regular annual subscriptions. The Established Churches in the various districts from which the patients have been received have contributed nothing from congregational collections, apart from the Hospital Sunday Fund, with the single exception of St. John's, Bromley, from which the Committee gratefully acknowledge the receipt of the usual Lenten offertory. Owing to Christmas Day falling on a Sunday, the collection usually made by the Congregational Church in alternate years for this Hospital

on that day was postponed to 1905. While, however, the total ordinary income has considerably diminished, there has been an important reduction in most of the items of expenditure. When, some years ago, the Committee contemplated building the new Hospital at the junction of Widmore and Park Roads, the freehold of that site was purchased out of moneys contributed to the building fund for the purpose. The present leasehold site offering so many more advantages, the Committee felt justified in securing it, and declared their intention that, if practicable, the income from the abandoned site should be applied in extinguishing the rent charge on the present site. Nevertheless this ground rent has appeared in the expenditure account as an annual charge, supporting the inference that the cost of the in-patients has been abnormally high, and thus preventing a fair comparison being made of such cost with that of other hospitals of which the sites on which they stand have been purchased. It seemed, however, to the Committee that such an anomalous state of affairs ought no longer to exist, and in the accounts for the past year the rent of one portion of the Hospital premises—that of the abandoned site—has been treated as a set-off against the ground rent of the other portion, which it is at present impossible to purchase with the building fund property, the option of accomplishing this being by the terms of the lease postponed to a future date. Hence a more correct estimate can now be made of the actual cost of in-patients. Hence, also, both the income and expenditure will appear proportionately reduced, a factor which should be taken into consideration in making a comparison.

THE BUILDING FUND DEBT.

In their last report of the building fund debt the Committee stated that there remained a liability of £470 1s. 11d. on this account, and urged upon their supporters the necessity for special efforts to relieve them from this burden so as to enable them to look forward to the further development desirable in the usefulness of the institution. The proceeds of the sale of work, described subsequently, have furnished an instalment of £170 6s. 6d. towards this end. The Committee are again under obligation to one of the earliest supporters of the Hospital, Mrs. Leishman, for a further generous gift of £100 to this fund. A further donation of £100 was received from Mr. and Mrs. Paul Henwood on the 6th May last, on the occasion of the celebration of their "golden wedding." Under the will of the late Mr. Charles Palmer, formerly of Shortlands, the Hospital became entitled to a legacy of

£50 free of duty, and this sum has been paid to the treasurer and placed to the credit of the building fund account. Other small gifts and realizations have been allocated to this fund, so that the debt to the bank has now been extinguished, and there is a credit balance of £34 6s. 9d., but as may be seen from the building fund account, there is still a debt of £74 14s. 6d. owing to the Children's Ward fund, that sum having been ear-marked for the latter, though at present standing to the credit of the former.

A BENEFICENT OFFER.

When the new Hospital was erected, in order to curtail expenditure, it was decided to postpone the building of a post-mortem room and mortuary to a future time, and meanwhile to utilize a portion of the outbuildings for the purpose. Feeling that the time had arrived when it became very desirable that such a building should be erected, the Committee obtained from Mr. S. B. Russell a design and specification, with estimates from several builders for the work. The cost of carrying out this project in harmony with the architecture of the Hospital was felt by the Committee to be beyond the means at their command, but death having added to the losses of steadfast supporters lately sustained by the institution, that of the late Mr. F. C. Dobbing, J.P., of Chislehurst, his widow, on hearing of the proposal, made the beneficent offer on behalf of herself and daughters to erect the building, at a cost of £320, in memory of her late husband. This offer was gratefully accepted by the Committee, and the building is now nearing completion.

THE THIRTEENTH ANNUAL CONCERT.

The Committee again record their sincere thanks and congratulations to Mr. Lindsay Bell, to whom, in spite of his numerous public engagements, they are indebted for providing, on the thirteenth occasion, a concert which in no respect lacked the usual provision of vocal and instrumental music rendered by artistes of the highest standing. As in former years, the performance was a complete success. Notwithstanding the excellence of the concert, the attendance was from some cause smaller than on former occasions and the proceeds were not so large.

THE CHILDREN'S WARD FUND.

The proceeds of a dance given at Beckenham by Mrs. John Churchill and Mrs. Claude Thirkell, amounting to £9 4s. 6d., and a donation of £5 5s. from Mr. and Mrs. F. N. Best, have been added to this fund, which now amounts to £74 14s. 6d.

It forms a nucleus which encourages the hope that at a date not far distant an adequate sum may be obtained which will ensure the maintenance of the, at present, vacant ward for the separate treatment of children.

THE COMMITTEE OF MANAGEMENT.

The Committee record with deep regret the death in March last of their esteemed colleague Mr. W. Anley. Mr. Anley was elected in 1892, and, though of late years unable to attend meetings, continued to take much interest in the work of the Hospital. Since this report was in type the Committee have regretfully received the sad news of the sudden death of Mr. J. Borer. Mr. J. G. Charles, who has held the post of honorary treasurer since 1898, unfortunately finds it necessary to discontinue the duties he has so ably performed during a most important period in the history of the Hospital. Mr. Charles will at present remain a member of the Committee. The Committee have, however, been fortunate in inducing Mr. T. Bennett to undertake the duties of treasurer. Mr. Oscar E. Hill has consented to act as honorary assistant secretary, and with these changes the Committee and officers tender their services for the ensuing year.

REPORT OF THE LADIES' COMMITTEE.

The Ladies' Committee have as usual examined the tradesmen's books each month and supervised the household management and expenditure. Under the auspices of the Ladies' Committee, an augmented Committee of Ladies, by whom Mrs. Russell Oliver was chosen President, was formed for the purpose of organizing a Sale of Work, which was held at the Hospital in June last. The proceeds of the sale amounted to £170 6s. 6d. The Pound Collection, held in December, has resulted in gifts of most useful goods to the value of over £27.

ACKNOWLEDGMENTS.

The devotion of the honorary medical officers to the welfare of the patients, and the active services rendered by them, have continued unabated, and the Committee cannot sufficiently express in few words their indebtedness to these gentlemen. The Matron (Miss Hyde) has continued as hitherto to do her best to complete the success of their efforts by ensuring efficient nursing. The Ladies' Committee, in addition to the special services rendered by them, have devoted themselves during the year to aiding the funds by the Sale of Work and Pound Collection above referred to. Miss Tapp has continued the analysis of the household

expenditure. The honorary solicitor, Mr. Dennes, and the honorary architect, Mr. S. B. Russell, have each been called upon for special assistance, which has been freely given. The honorary auditors, Messrs. Gerard van de Linde & Son, have also promptly rendered their accustomed valuable help. From the Bromley Press the Committee have also received much assistance as heretofore. For all these and other exertions in the interest of the Hospital the warm thanks of the Governors are due.

In moving the adoption of the report and accounts, the Chairman touchingly referred to the loss the Committee had sustained by the death of Mr. Borer, who had taken so great an interest in the work of the Hospital Committee. After referring to the small attendance at the meeting, he remarked that the past year had been a record one in their occupation of the present premises. On the occasion of their last annual meeting the first Mayor of Bromley was good enough to preside over them. He could only express his regret that the activities connected with the labours of his office had led to a breakdown in his health, and he sincerely trusted the rest he was now taking would thoroughly restore him. Having read the report, he could but join in the general satisfaction it gave to all concerned. No doubt the prevailing general depression was affecting all charitable institutions, particularly in the subscriptions, and to some extent it had doubtless affected them. Still he was hopeful as to the future, and rejoiced in the past year as a year of work well done. The prosperity of the Dispensary was gratifying, and he noticed with satisfaction that the attendances last year were 500 above the average. As regarded the income and expenditure, they maintained a fair level. The Hospital owned its own freehold in the shape of the old premises. Their present premises certainly did not take that form, being held on lease; but it was fair to consider the Hospital as a freehold in that the rent pays, and more than pays, for the lease of the ground. With regard to their income he noticed they had not received much in collections from the religious bodies in the town. Particularly was this so in regard to the Established Churches, for in only one of them had a collection been made on their behalf. He felt sure if attention was particularly called to this fact they would try and help them. One such collection in two years would aid them considerably, and alms could not be asked for in a better cause. Allusion was next made to the Ladies' Committee, who, the Chairman said, had rendered yeoman service in wiping off the debt in connection with the Building Fund, and he referred with pleasure to the Sale of Work,

which had realized some £150. The ladies also rendered valuable assistance in looking after the details of expenditure. He supposed there was no one like a domesticated lady for looking after the accounts, and to the ladies their best thanks were due. They particularly wished to thank Mr. Lindsay Bell for organizing the annual concert. It certainly was not that gentleman's fault that the financial results were not better than they were. Especial thanks were also due to Mrs. Churchill and Mrs. Thirkell for their efforts on behalf of the Children's Ward Fund. It was their earnest desire to have that ward filled with beds for the little ones. It was also pleasing to note that nearly £500 on the Building Fund had been paid off, but some £74 of this amount was due to the Children's Ward Fund. There was another sad point to which he must allude, and that was the great loss the Hospital had sustained by the death of Mr. F. C. Dobbing, who had always taken a great interest in their work, and who had so endeared himself to all people with whom he had been brought into contact. They desired to express their sincere sympathy with the family. For some time past it was felt that they greatly needed a post-mortem room, and Mrs. Dobbing and her daughters had kindly promised to provide the same, at a cost of between £300 and £400, to perpetuate his memory. He now had to express regret that they were losing the valuable services of Mr. J. G. Charles, who had acted as hon. treasurer for some years; but, on the other hand, he was pleased to announce that the office would now be filled by Mr. Thos. Bennett. Their best thanks were due to all who had so kindly assisted them in their labours, and he must not omit to mention Mr. Oscar Hill, who had undertaken to help Mr. Wyborn in his duties, as assistant hon. sec. Their thanks likewise were due to Dr. Madden and Dr. Thomas for the most admirable way in which they had carried out their duties. He believed their work created much of the popularity which kept the Hospital alive. In anything he might say he must not forget to mention the excellent work of their highly valued Matron, Miss Hyde, who at all times carried out her duties in an able and sympathetic way. They wished also to acknowledge the work of the Ladies' Committee, and especially that of their able hon. sec., Mr. J. M. Wyborn. Regarding the future they were very hopeful, and were especially encouraged by the handsome donations of Mrs. Leishmann and Mr. Paul Henwood, and they desired to include in their thanks their many subscribers and friends. He had great pleasure in moving that the report and accounts be adopted, printed, and circulated.

Mrs. Churchill ably seconded, and the motion was carried unanimously.

Mr. Walter moved that the President, Committee, Medical Staff, and other officers be re-elected for the ensuing year, with the proposed alterations as printed in the report:

This was seconded by Mr. Brock, and cordially agreed to.

Mr. Churchill, in a happy speech, returned thanks for the Committee, remarking that it was the desire of all to give their best services for the furtherance of the work of the Hospital.

Dr. Madden responded for the medical officers, and in so doing referred to their wine and spirit bill, which amounted to only 4s. 6d. (Applause.) At no time in their history had it ever exceeded £1.

Dr. Thomas said he desired to acknowledge the valuable services rendered by the other officers belonging to the medical staff, viz. Dr. Dyce Brown, Dr. G. H. Burford, Mr. C. Knox Shaw, Mr. Dudley Wright, and Dr. Henly, whose names were warmly received by those present.

Mr. Churchill then proposed that a hearty vote of thanks be accorded to Mr. J. G. Charles, who for six years has most ably fulfilled the responsible and sometimes arduous duties of treasurer. He had devoted a deal of time to the discharge of his duties, and fulfilled them to the satisfaction of every one concerned.

On the motion of Dr. Madden a hearty vote of thanks was accorded to Sir George Wyatt Truscott for presiding, and, in replying, the President said he thought that Dr. Madden did well to call attention to the very small expenditure for alcoholic stimulants. He thought that even the most rigid of their temperance friends could not raise any objection to what little was expended in that way. They might, indeed, call it a temperance hospital. (Hear, hear.) That fact might perhaps appeal to a good many in the town. Talking about ways and means, he forgot to mention one satisfactory thing, and that was that there was a slight increase in the annual subscriptions. He hoped the total amount would go on increasing. They wanted an income of at least £1,000 a year to carry on their work there.

The proceedings then terminated.—*Bromley Chronicle*, Feb. 23rd, and *Bromley and District Times*, Feb. 24th.

INVOLUNTARY HOMŒOPATHY IN FRENCH CLINICS.

PROF. LANCERAUX cures nephritis with cantharides.

Prof. Dujardin-Beaumetz cures diphtheria with cyanide of mercury.

Prof. Charcot recommended quinine sulphate in Menière's disease.

Prof. Lépine treats diarrhœa with mercurius corrosivus.

Prof. Rigal administers uranium nitricum for diabetes.

The Academy of Medicine recommends æsculus hippocast. in the treatment of hæmorrhoids.

J. G. B.

BRITISH HOMŒOPATHIC ASSOCIATION.

AMOUNTS received from January 1st to March 20th, 1905.

Donations.

| | £ | s. | d. | | £ | s. | d. |
|-----------------------------------|----|----|----|-------------------------|---|----|----|
| Dr. Jas. T. and Mrs. Ashton | 52 | 10 | 0 | Dr. W. B. B. Scriven .. | 5 | 0 | 0 |
| Bayes' Fund | 40 | 0 | 0 | Dr. C. Renner | 3 | 3 | 0 |
| Dr. Jas. Roberson Day | | | | Dudley Wright, Esq., | | | |
| (2nd half of £25) .. | 12 | 10 | 0 | F.R.C.S. | 3 | 3 | 0 |
| R. W. Perks, Esq., M.P. | 10 | 10 | 0 | Dr. Pullar | 3 | 3 | 0 |
| Miss E. H. Hamilton .. | 5 | 0 | 0 | Miss E. Shadwell .. | 3 | 3 | 0 |
| | | | | Dr. Vincent Green .. | 3 | 3 | 0 |

Subscriptions.

| | | | | | | | |
|---------------------------|---|---|---|--------------------------|---|----|---|
| Dr. Jas. Johnstone .. | 2 | 2 | 0 | Fredk. Puzey, Esq. .. | 1 | 1 | 0 |
| Dr. J. H. Clarke .. | 2 | 2 | 0 | Dr. C. E. Wheeler .. | 1 | 1 | 0 |
| J. Dunbar Heath, Esq. | 2 | 2 | 0 | Dr. J. R. P. Lambert .. | 1 | 1 | 0 |
| Dudley Wright, Esq., | | | | Allan Rowntree, Esq. .. | 1 | 1 | 0 |
| F.R.C.S. | 2 | 2 | 0 | Mrs. Drysdale | 1 | 1 | 0 |
| Mrs. E. J. Cumming .. | 2 | 2 | 0 | Miss E. H. Hamilton .. | 1 | 1 | 0 |
| Hy. Manfield, Esq., J.P. | 2 | 2 | 0 | Dr. F. H. Bodman .. | 1 | 1 | 0 |
| Mrs. H. Fowler .. | 2 | 0 | 0 | Mrs. Turner | 1 | 1 | 0 |
| Miss Luard | 1 | 1 | 0 | Ralph Callard, Esq. .. | 1 | 1 | 0 |
| C. A. Russell, Esq., K.C. | 1 | 1 | 0 | Daniel Hack, Esq. .. | 1 | 0 | 0 |
| Miss Browning .. | 1 | 1 | 0 | Kelso Hamilton, Esq. .. | 1 | 0 | 0 |
| Miss E. Shadwell .. | 1 | 1 | 0 | Mrs. Alfred Drysdale .. | 0 | 10 | 6 |
| Dr. E. A. Neatby .. | 1 | 1 | 0 | E. Durant Cecil, Esq. .. | 0 | 10 | 6 |
| Dr. Jas. T. Ashton .. | 1 | 1 | 0 | Mrs. Durant Cecil .. | 0 | 10 | 6 |
| W. S. Page, Esq. .. | 1 | 1 | 0 | Mrs. Dunbar Heath .. | 0 | 10 | 6 |
| Joseph Howard, Esq., | | | | Miss Dowland | 0 | 10 | 6 |
| J.P., M.P. | 1 | 1 | 0 | Rev. T. W. Lewis .. | 0 | 10 | 6 |
| Mrs. Gladstone .. | 1 | 1 | 0 | | | | |

LADIES' BRANCH.

Donations.

| | | | | | | | |
|---|-----|---|---|---|----|---|---|
| From a Lady (per Dr. George Burford) .. | 100 | 0 | 0 | Mrs. Henry Wood (profits of a set of dances) .. | 11 | 2 | 0 |
| From a grateful Patient of Dr. Burford .. | 21 | 0 | 0 | Miss E. Shadwell .. | 3 | 3 | 0 |

Subscriptions.

| | | | | | | | |
|-----------------------|---|---|---|------------------------|---|---|---|
| Mrs. Henry Wood .. | 1 | 1 | 0 | Mrs. Cator | 1 | 1 | 0 |
| Mrs. Wain | 5 | 5 | 0 | Lady Margaret Cecil .. | 1 | 1 | 0 |
| The Misses Raffles .. | 1 | 1 | 0 | | | | |

LADIES' NORTHERN BRANCH.

Donations per Mrs. von Stralendorff.

| | | | | | | | |
|--|---|---|---|---------------------------------------|---|----|---|
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| Mrs. Macdonald (South- port) .. | 2 | 2 | 0 | Mrs. Fernie (Blundell- sands) .. | 1 | 0 | 0 |
| Mrs. Mills (Hale) .. | 2 | 0 | 0 | John Calder, Esq. (Liver- pool) .. | 1 | 0 | 0 |
| Mrs. Tennant (Sale) .. | 2 | 0 | 0 | Mrs. E. E. Whitley (Paignton) .. | 1 | 0 | 0 |
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| Mrs. Hulme .. | 1 | 1 | 0 | Miss M. F. Brown (Liver- pool) .. | 0 | 10 | 6 |
| H. W. Gair, Esq. (Wa- vertree) .. | 1 | 1 | 0 | Donations under 10s... | 1 | 8 | 0 |
| Mrs. L. J. Cohen (Liver- pool) .. | 1 | 1 | 0 | | | | |

Subscriptions.

| | | | | | | | |
|---|---|----|---|--|---|---|---|
| Mrs. F. F. Steinthal (Ilkley) .. | 1 | 1 | 0 | Mrs. C. A. von Stralen- dorff (Southport) .. | 1 | 1 | 0 |
| Mrs. Fernie (Blundell- sands) .. | 0 | 10 | 0 | Mrs. Jesse Haworth (Bowdon) .. | 1 | 1 | 0 |
| Mrs. Tennant (Sale) .. | 1 | 1 | 0 | Ladies' Northern Branch (per Mrs. von Stralen- dorff) .. | 3 | 5 | 0 |
| Mrs. Dixon (Southport) | 0 | 10 | 6 | | | | |
| G. F. Armitage, Esq. (Altrincham) .. | 0 | 10 | 6 | | | | |

COMPTON BURNETT FUND.

| | | | |
|---|----|---|---|
| From a Lady (per Dr. George Burford) .. | 50 | 0 | 0 |
| C. W. A. Stewart, Esq. (part of £50) .. | 10 | 0 | 0 |

DUDGEON SCHOLARSHIP.

| | | | |
|---|----|---|---|
| From a Lady (per Dr. George Burford) .. | 50 | 0 | 0 |
|---|----|---|---|

ONE THOUSAND GUINEA FUND FOR THE LONDON
HOMŒOPATHIC HOSPITAL.

| | | | |
|--|-----|---|---|
| From a Lady (per Dr. George Burford) .. | 100 | 0 | 0 |
| Dr. Petrie Hoyle (per Dr. George Burford) .. | 10 | 0 | 0 |
| A. E. Brooks, Esq. (per Dr. George Burford) .. | 1 | 1 | 0 |

TESTIMONIAL TO THE WIDOW OF THE LATE
MR. G. A. CROSS, SECRETARY-SUPERINTENDENT
TO THE LONDON HOMŒOPATHIC HOSPITAL.

FIRST LIST OF CONTRIBUTIONS TO MARCH 22ND.

| | £ | s. | d. | | £ | s. | d. |
|--|----|----|----|--------------------------|----|----|----|
| The Rt. Hon. the Earl Dysart .. | 50 | 0 | 0 | Bax, A. Ridley, Esq. ... | 10 | 10 | 0 |
| Alder, Rev. H. R. .. | 3 | 3 | 0 | Bayes, Mrs. .. | 1 | 1 | 0 |
| Anonymous, P.O., L-9 920519 Hammersmith | 0 | 10 | 0 | Bedford, Rev. Edwin C. | 1 | 1 | 0 |
| Anonymous .. | 25 | 0 | 0 | Borland, Mrs. .. | 0 | 5 | 0 |
| Ashton, Dr. James .. | 5 | 5 | 0 | Bragge, Miss .. | 0 | 10 | 6 |
| Barton, Miss .. | 25 | 0 | 0 | Brooks, Dr. .. | 1 | 1 | 0 |
| Barton, The Hon. Mrs. | 2 | 2 | 0 | Brown, Colonel Clifton | 10 | 0 | 0 |
| | | | | Brown, Edward Clifton | 5 | 0 | 0 |
| | | | | Burberry, T., Esq. .. | 1 | 0 | 0 |

| | £ | s. | d. | | £ | s. | d. |
|--|----|----|----|--|----|----|----|
| Burney, Miss E. H. .. | 1 | 1 | 0 | Julyan, Sir Penrose .. | 3 | 3 | 0 |
| Bywaters, A., Esq. .. | 2 | 2 | 0 | Kelly, C. A., Esq. .. | 2 | 2 | 0 |
| Barham, A. S., Esq. .. | 5 | 5 | 0 | Kent, Mrs. .. | 1 | 1 | 0 |
| Blackley, Dr. .. | 5 | 5 | 0 | Kennedy, Dr. .. | 2 | 2 | 0 |
| Brown, D. Dyce, Esq., M.D. .. | 2 | 2 | 0 | Kimber, Mrs. .. | 1 | 1 | 0 |
| Callard, Ralph, Esq. .. | 5 | 5 | 0 | Kingsbury, Mrs. .. | 2 | 0 | 0 |
| Calthorpe, The Lord .. | 10 | 10 | 0 | Knowlman, C. C., Esq. .. | 1 | 1 | 0 |
| Cameron, Mrs. E. T. .. | 1 | 1 | 0 | Laroche, Miss Lucy .. | 0 | 10 | 0 |
| Cant, Wm., Esq. .. | 1 | 1 | 0 | Laurie, E. H., Esq. .. | 1 | 1 | 0 |
| Carter, Miss, Senr. .. | 1 | 1 | 0 | Lawrence, Sir Edwin and Lady Durning .. | 25 | 0 | 0 |
| Catchpool, Miss M. J. .. | 1 | 1 | 0 | Leon, Miss .. | 5 | 5 | 0 |
| Chabot, Miss .. | 1 | 1 | 0 | Leycester, Miss .. | 0 | 10 | 0 |
| Chapman, Dr. .. | 0 | 10 | 6 | MacNish, Dr. .. | 2 | 2 | 0 |
| Clifton, Dr. A. C. .. | 1 | 1 | 0 | March, Dr. .. | 2 | 2 | 0 |
| C. M. .. | 0 | 10 | 6 | Mason, Mrs. .. | 5 | 5 | 0 |
| Cook, Mrs. .. | 0 | 5 | 0 | Massey, Mrs. T. .. | 0 | 10 | 0 |
| Cory, John, Esq. .. | 5 | 0 | 0 | Millard, H., Esq. .. | 2 | 2 | 0 |
| Cox, Dr. .. | 2 | 2 | 0 | Moberly, Mrs. E. .. | 2 | 2 | 0 |
| Cronin, Dr. .. | 2 | 2 | 0 | Moilliet, Mrs. Theodore .. | 1 | 1 | 0 |
| Croucher, Dr. .. | 1 | 1 | 0 | Moir, Byres, Esq., M.D. .. | 5 | 5 | 0 |
| Cruikshank, Miss E. C. .. | 1 | 1 | 0 | Morgan, Dr. S. .. | 1 | 1 | 0 |
| Cundy, Capt. James .. | 25 | 0 | 0 | Morgan, E. Vaughan, Esq. .. | 10 | 10 | 0 |
| C. H. B. .. | 10 | 10 | 0 | Mullings, Miss .. | 1 | 1 | 0 |
| Deane, Dr. H. E. .. | 1 | 1 | 0 | Neatby, Dr. Edwin A. .. | 2 | 2 | 0 |
| Dent & Hellyer, Messrs. .. | 2 | 2 | 0 | Neild, Dr. F. .. | 2 | 2 | 0 |
| E. A. A. .. | 10 | 10 | 0 | Nicholson, W., Esq. .. | 2 | 2 | 0 |
| Epps, Hahnemann, Esq. .. | 2 | 2 | 0 | Olding, Miss .. | 5 | 0 | 0 |
| Faithfull, Miss Fanny T. .. | 0 | 10 | 6 | Oliver, Miss .. | 2 | 2 | 0 |
| Fenwick, Pascoe, Esq. .. | 2 | 2 | 0 | Osmaston, Mrs. .. | 2 | 2 | 0 |
| Fielder, Mrs. George .. | 6 | 6 | 0 | Pearson, Mrs. C. F. .. | 5 | 5 | 0 |
| Fisher, Mrs. .. | 1 | 1 | 0 | Pollard, Mrs. .. | 1 | 1 | 0 |
| Galpin, T. D., Esq. .. | 10 | 10 | 0 | P.O., X-2 811928 East- bourne .. | 1 | 1 | 0 |
| Gedge, Sydney, Esq. .. | 2 | 2 | 0 | Prescott, H. W., Esq. .. | 10 | 10 | 0 |
| Giet, Mrs. .. | 1 | 1 | 0 | Preston, Miss .. | 2 | 2 | 0 |
| Grafton, The Duchess of .. | 1 | 1 | 0 | Pugh, Mrs. .. | 1 | 1 | 0 |
| Gregg, Mrs. .. | 1 | 1 | 0 | Quicke, Rev. C. P. .. | 3 | 3 | 0 |
| Hamilton, Mrs. .. | 5 | 0 | 0 | Quincey, Miss .. | 3 | 0 | 0 |
| Hardy, Miss F. A. .. | 1 | 1 | 0 | Roberts, Mrs. .. | 1 | 1 | 0 |
| Harris, Geo., Esq. .. | 1 | 1 | 0 | Robertson, Miss E. .. | 1 | 1 | 0 |
| Harris, Mr. and Mrs. C. H. .. | 3 | 3 | 0 | Robjohns, Sydney, Esq. .. | 0 | 5 | 0 |
| Hawkes, Dr. .. | 1 | 1 | 0 | Rowe, White & Com- pany, Messrs. .. | 1 | 1 | 0 |
| Herbert, the Misses .. | 1 | 1 | 0 | Selwyn, Mrs. .. | 2 | 0 | 0 |
| Holland, the Hon. Mrs. and Misses .. | 1 | 10 | 0 | Shaw, C. S. Knox, Esq., M.R.C.S. .. | 5 | 5 | 0 |
| Hook, Miss .. | 3 | 3 | 0 | Smart, F. G., Esq. .. | 10 | 10 | 0 |
| Houldsworth, J. H., Esq. .. | 10 | 0 | 0 | Smith, Miss Felix .. | 1 | 1 | 0 |
| Hunt, Arthur, Esq. (per Dr. Gilbert) .. | 5 | 5 | 0 | Smith, Mrs. .. | 1 | 1 | 0 |
| Hunt, Edward, Esq. (per Dr. Gilbert) .. | 5 | 5 | 0 | Smith, Rev. Frank S. .. | 0 | 10 | 0 |
| Hunt, Miss L. G. .. | 1 | 1 | 0 | Spicer, Mrs. James .. | 1 | 1 | 0 |
| Holman, Mrs. .. | 1 | 1 | 0 | Stern, Mrs. .. | 2 | 2 | 0 |
| Jelf, Major-General and Mrs. R. .. | 1 | 1 | 0 | Stilwell, Miss C. A. .. | 2 | 2 | 0 |
| Ingham, W. J. Esq. .. | 2 | 2 | 0 | Stilwell, J. P., Esq., J.P. .. | 10 | 10 | 0 |
| Jones, Mrs. .. | 1 | 1 | 0 | Sweeting, Miss E. .. | 1 | 1 | 0 |
| | | | | Thomas, Howel, Esq. .. | 1 | 1 | 0 |

| | £ | s. | d. | | £ | s. | d. |
|---|----|----|----|--------------------------------------|------|----|----|
| Trapmann, W. H., Esq. | 10 | 10 | 0 | Willis, Mrs. .. | 2 | 2 | 0 |
| Tyler, Sir Henry .. | 10 | 0 | 0 | W. J. O. .. | 1 | 1 | 0 |
| Union for Promotion of Homœopathy in the Netherlands .. | 2 | 0 | 0 | Wood, J. S., Esq. .. | 2 | 2 | 0 |
| Warburton, J., Esq. .. | 1 | 1 | 0 | Woodhouse, A. J., Esq. | 1 | 1 | 0 |
| Welch, Miss .. | 2 | 0 | 0 | Wright, Dudley, Esq., F.R.C.S. .. | 2 | 2 | 0 |
| Western, Mrs. .. | 0 | 10 | 0 | Wyatt, T. H., Esq. .. | 0 | 10 | 0 |
| Weston, Miss Edith .. | 0 | 10 | 0 | | | | |
| Willett, W., Esq. .. | 1 | 1 | 0 | <i>Total</i> | £511 | 4 | 0 |

OBITUARY.

MR. JAMES EPPS, JUNR., F.L.S.

WE regret to learn that Mr. James Epps, junr., Norfolk House, Norwood, died suddenly, at the age of forty-nine, from heart-failure, at Jamaica in February. He was the only son of Mr. James Epps, the head of the well-known firm of cocoa manufacturers and homœopathic chemists, a name well-known in connection with homœopathy, and was himself a director of the company. From the *Chemist and Druggist* of Feb. 25th, we learn that Mr. Epps was a member of several scientific societies, including the Linnean, and took great interest in tropical flora, growing very successfully at his home at Norwood typical specimens of a number of varieties, including a very fine specimen of *Theobroma cacao*, the perfect fruit of which (seldom produced in this country) was of very great interest. He leaves a widow and six of a family, to whom and to his aged father we offer our sincere sympathy.

CORRESPONDENCE.

“STROPHANTHUS φ”

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—As all the mother tinctures of the British Homœopathic Pharmacopœia are one in ten where possible, we have followed this rule with regard to strophanthus, and hence it is four times the strength of the B.P. preparation. We write to call the attention of homœopathic physicians to this important point, as we have seen 5 minims prescribed, and this would equal 20 minims of the B.P. tincture. This drug is not mentioned in the B.H.P. but will be found in “Ashwell’s Companion” to that work (fourth edition).

We are, Sirs,

Your obedient servants,

KEENE & ASHWELL.

6, South Molton Street, W.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Dr. BLACKLEY, Dr. BURFORD, Dr. GOLDSBROUGH, Mr. ATTWOOD, Mr. S. JAMES, Messrs. KEENE & ASHWELL, Mr. FREDERICK KING (London); Dr. CASH REED, Dr. J. W. HAYWARD (Liverpool); Dr. H. NANKIVELL (Bournemouth); Dr. BLACK (Torquay); Mr. FRED. W. WOOD (Exeter); Dr. PURDON (Croydon).

. Messrs. KEENE & ASHWELL, Homœopathic Chemists, of 74, New Bond Street, W., have removed to 6, South Molton Street, a few doors from Brook Street, and quite close to their former pharmacy.

BOOKS RECEIVED.

International Hom. Directory for 1905. London: Hom. Publishing Co. *55th Annual Report of the London Hom. Hosp. Essentials of a Convenient, Comfortable, and Healthy House.* By John W. Hayward, M.D. Liverpool: Thompson & Capper, 1905. *Sixth Annual Report of the Croydon Hom. Dispensary. Sixteenth Annual Report of the Phillips Memorial Hom. Hosp. and Dispensary, Bromley. A Treatise on Urogenital and Venereal Diseases.* By Bukk G. Carleton, M.D. Philadelphia: Boericke & Tafel, 1905. *Medical Annual.* Bristol: John Wright & Co., 1905. *Hom. World*, Mar. *Vaccination Inquirer*, Mar. *Calcutta Journal of Medicine*, Jan. *Indian Hom. Review*, Dec. *Bromley Chronicle*, Feb. 23. *Bromley and District Times*, Feb. 24. *Observer and Chronicle*, Bournemouth, Feb. 11. *Liverpool Courier*, Feb. 23. *Croydon Advertiser*, Mar. 4. *Grand Magazine*, Mar. *Medical Brief*, Mar. *Hom. Recorder*, Feb. *New England Med. Gazette*, Jan. and Feb. *Hahnemannian Monthly*, Mar. *Medical Century*, Mar. *Medical Times* (N.Y.) Mar. *Pacific Coast Journal of Hom.*, Feb. *Hom. Envoy*, Mar. *Cleveland Medical and Surgical Reporter*, Feb. *Therapist*, Mar. *Clinique*, Mar. *American Physician*, Mar. *Chironian*, Mar. *North American Journal of Hom.*, Mar. *L'art Médical*, Jan. and Feb. *Le Propagateur de L'Hom.*, Feb. *Revue Hom. Française*, Feb. *Annuaire de Med. Hom.*, Nov. *Hom. Maandblad*, Mar. 13. *Allgemeine Hom. Zeitung*, Mar. 2 and 16.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

ON THE RIGHT TACK.

THE marked and unmistakable tendency to the adoption of homœopathic principles and practice on the part of the old school at the present day we have frequently had occasion to notice with pleasure and gratification, as showing the trend of ideas in a direction which they would deny if put to it, but the meaning of which is obvious, if not to themselves, at least to others who know what homœopathy is, and what its essential principles consist of. We are very familiar, ever since the publication of DR. RINGER's well-known book, and others which followed on similar lines, with the adoption, to a remarkable extent, of unmitigated homœopathic therapeutics, which is fully shown up in a recent booklet published by the British Homœopathic Association, entitled "The Permeation of Present-Day Medicine by Homœopathy." These bits of treatment are adopted and praised, as a rule, simply as therapeutic "tips" on the authority of some well-known name, and without any hint as to the source from which they have been derived, or as to any principle on which they act, or are supposed to act. No progress of any definite type in medicine can be expected to be made on these lines. To those who do not know the principle underlying the efficacy of such treatment, the medicines simply stand for

"new remedies," and for an extension of empiricism. The only indirect good this method of using "tips" produces is that when the "tips" come off, the practitioner who, by some inspiration or good luck, gets to learn what homœopathy really is, has a basis of facts in his mind ready at hand to enable him to see where he is, in what direction his practice is leading him, and so to make him prepared to accept the law of similars as the truth. The great thing is to get a man to see the principle which accounts for the therapeutic success he has obtained from the "new treatment," and which, if his mind is open to think for himself, will lead him to go further than his previous "tip" experience, and to find out for himself by honest trial whether the statements of avowed homœopaths as to their belief in the universality of the law of similars, and their results thus obtained, are correct or not.

We therefore welcome with much gratification any suggestion of a principle in treatment, a principle which however carefully disguised in language and explanation, as coming from an old-school practitioner, is essentially and at bottom on the lines of homœopathy, and, in fact, is practically the law of similars, whether the writer is aware of it or not. We are well aware that many in the old-school know that the law of similars is true, though they do not dare to say so, and any public declaration of therapeutic principles indicating such a knowledge, or even the absence of it, is too important for us to pass over without notice. In our efforts to spread the knowledge of the greatest therapeutic truth that has ever been given to man, it is our duty no less than our pleasure to number and mark the milestones in the road to the goal of victory and triumph, which we anticipate with the most perfect faith for our beliefs and their results. Such marks of progress in the right path encourage us to fight on, and not to despair of slow progress, while it may be of great use to some weak-kneed inquirer to find that what we preach is gradually leavening the old-school beliefs, and bringing them into line with ourselves.

The text for these remarks is the very interesting and instructive "Harveian Lecture" on "Some New Therapeutic Methods in Dermatology," delivered before the Harveian Society of London, by MR. MALCOLM MORRIS,

the Consulting Surgeon to the skin department at St. Mary's Hospital, and reported in the *British Medical Journal* of April 1st.

After some introductory observations, MR. MORRIS enunciates "The Principle of Reaction" in treatment, as follows :—

"From the observation of a large number of chronic affections of the skin—among which special mention may be made of psoriasis, eczema, sycosis, lupus, lupus erythematosus, ringworm of the scalp, scars and keloid, rodent ulcer, cutaneous epithelioma, and leprosy—I have been led to the conclusion that the general principle of treatment may be expressed in the single word, reaction. As a rule, without reaction there is no cure ; unfortunately it does not follow that, given reaction, cure is certain. Reaction is a force which can work wonders if properly directed and controlled. In the present state of our knowledge we are but imperfectly able to control its operation. Reaction, which is simply response to stimulus, varies not only in degree, but in kind. The response varies according to the tissue or organ stimulated, and also according to the nature of the exciting agency and the strength and frequency with which it is applied. The mechanism of reaction is virtually that of inflammation, passing according to circumstances through the various stages of hyperæmia, infiltration, leucocytosis, exfoliation of epidermic structure, going on, if pyogenic micro-organisms invade the affected part, to suppuration, and ending, if unchecked, in necrosis of the deeper tissues. The milder form of reaction is exemplified by the transient form of erythema which follows the application of gentle heat. More active forms are produced by various blistering agents, and light rays properly applied ; while severer forms are produced by croton oil, which has been employed in the treatment of ringworm of the scalp, and by the incautious use of X-rays. Limited to hyperæmia and multiplication of white corpuscles, reaction may be regarded as a mode of quickening the tissues into healthy action with increase of phagocytosis."

This principle of reaction is perfectly correct, and MR. MORRIS has stated it correctly. "Without reaction there is no cure." He is speaking in his lecture of skin disease alone, and the use of external applications, but the same principle applies to medicines administered internally, as

we shall afterwards see that Mr. MORRIS admits. He very properly says that "reaction is a force which can work wonders if properly directed and controlled," though "in the present state of our knowledge we are but imperfectly able to control its operation." This reaction he goes on, it will be observed, to say, is "simply response to stimulus" and "varies not only in degree, but in kind." "The response varies according to the tissue or organ stimulated, and also according to the nature of the exciting agency, and the strength and frequency with which it is applied." He then states that "the mechanism of reaction is virtually that of inflammation" first, the stimulus causing contraction of vessels, followed by the reaction of dilated vessels, hyperæmia and the other consecutive stages, more or less marked and severe.

All this is just what we have been preaching for ages, and is the "mechanism" by which the homœopathic remedy acts, viz. by the double or reverse action of small and large doses. The small dose stimulates the diseased action to healthy reaction and brings about the cure. We have often pointed out this double action of drugs, external as well as internal, as being akin to what we know of the "mechanism" of inflammation; and what we aim at and accomplish is the "properly directing and controlling" of the action of the drug, so as to produce only the healthy amount of reaction, avoiding such large doses as will produce over-reaction, or aggravation of the existing state of disease. We have stated over and over again that the response to stimulus varies "not only in degree, but in kind," and varies also according to the tissue or organ stimulated, to say nothing of the variation "according to the nature of the exciting agency, and the strength and frequency with which it is applied." In other words, drugs do not act on the body in a haphazard manner, but act and react on certain organs and tissues with which they are known to have a special affinity, and which show their affinity for these organs or tissues by the observation of the results produced in the healthy body by over-doses. Having ascertained these facts, the remedy having affinity for the organs or tissues affected is given in a dose less than will produce over-reaction. The result is cure, or restoration of the diseased organ or tissue to health, by means of the specific stimulus.

MR. MALCOLM MORRIS is, as we have said, speaking almost exclusively of external applications, and points out that the reaction is well known in regard to sulphur and arsenic, and that it may be developed to a very severe or alarming extent with some drugs, so that "the condition is in fact one of systemic poisoning by an overdose of the drug."

He says: "Of external medicaments causing reaction I need only mention here soft soap, sulphur, tar, salicylic acid, pyrogallol, and especially chrysarobin. Vigorous rubbing with soft soap, which contains strong alkalis, was at one time the chief—indeed almost the only—remedy in use for chronic skin affections in the great days of Hebra. By this simple means the 'miracle of cure' was undoubtedly wrought in a large number of cases. The reaction was intense enough to cause great pain, lasting a considerable time; then the inflammation gradually subsided, and with it the disease often faded away. Superfatted soaps, which soothe and cleanse but do not irritate the skin, have no curative effect; they are only mechanical adjuvants. The beneficial effects of sulphur on acne, and in superficial forms of sycosis, eczema, and other affections are due to the reaction which it causes. Every practitioner knows that sulphur baths at first often aggravate a chronic skin disease; not unfrequently, indeed, it is made so much worse that not only the patient but the doctor becomes alarmed, and the treatment is discontinued just when it is beginning to produce its effect. The good done by tar, sulphur, and mercurial applications in psoriasis, eczema, sycosis, etc., is proportionate to the reaction which follows their use. The most striking effect of an external medicament on a skin affection, however, is the way in which chrysarobin cures chronic psoriasis. Used in the form of ointment, either alone or combined according to circumstances with tar or salicylic acid, it sets up inflammatory reaction, not in the affected parts, but in the healthy skin around. The pain thus caused makes the patient very uncomfortable and restless, and it is well to warn him that he has a bad time before him which will probably last two or three days. Sometimes the reaction is so violent that a general dermatitis is produced, the temperature goes up, it may be to 102° or 103°, with delirium and other symptoms of high fever. The condition is in fact one of systemic poisoning by an overdose of the drug. When the dermatitis has passed away it will be found that the patches of

disease have disappeared. The recital of cases would be tedious, but I may just refer to one or two examples of the effect of the reaction caused by chrysarobin, which made a deep impression on my mind. Some years ago a young lady, who was about to be married, came to me almost covered with psoriasis. In her eagerness to get rid of it she bettered my instructions as to rubbing in chrysarobin, to such a degree that acute toxæmia was produced. The whole cutaneous surface was in a blaze of inflammation, the temperature was 103.2° , the patient was delirious, and the situation decidedly alarming. The storm of reaction soon subsided, and the girl's skin showed no sign of the unsightly disease. The wedding took place in due course, and she was never again troubled by psoriasis. Similar symptoms of poisoning were observed in an old gentleman afflicted with chronic corneal ulcers, whose troubles were made worse by psoriasis. When the dermatitis subsided the skin was found to be quite free from the disease. Not only was the psoriasis cured, but the corneal ulcers, which had been a source of discomfort to the patient, were found to be healed. That it is the systemic reaction which works the cure is, I think, shown by the familiar fact that if patches of psoriasis on one leg are treated with chrysarobin, those on the other get well at the same time without any local application. It is almost superfluous to say that a remedy of such potency must be used with proper precautions.

"But the point on which I wish to insist is that the practitioner must not be afraid of exciting reaction or too ready to discontinue the remedy when it has been excited. Reasonable patients are quite willing to submit to some temporary suffering if thereby they are likely to be delivered from a troublesome complaint. The effect of the remedy must of course be watched, and the strength of the application carefully adapted to the responsiveness of the skin; but, if need be, it should be used up to the furthest limit of tolerance. The danger signal is the oncoming of serious constitutional disturbance. Even this, however, should not deter us from using chrysarobin a second and a third time if necessary; it will generally be found that when the application is repeated the reaction is slighter than on the first occasion.

"Another method of treatment which in my opinion cures by exciting reaction is mineral baths. The arsenical

waters of La Bourboule and Levico, like the sulphur baths, often make psoriasis and eczema worse at first. Even indifferent waters like those of Bath sometimes have a like effect; hence patients are told that the waters of a particular place do not suit them, whereas the very fact that they cause reaction proves to my mind that they are beneficial. The arsenical pastes—used by some to destroy growths—produce their effect by setting up a reaction around the mass, which causes necrosis of the tissues in which it is imbedded, and thus brings about its separation. Powerful caustics—such as nitrate of mercury—not only directly destroy diseased tissues, but give rise to reaction in their neighbourhood, which completes the cure. Of physical agents, simple baths—hot or cold—and radiant heat produce the mildest form of reaction, and to that extent have a place in the therapeutics of chronic obstinate skin affections. Every one knows that sea bathing often aggravates psoriasis and eczema; they should not, however, on that account be discontinued in chronic cases, for in the reaction caused by the salt water lies the hopes of the ‘alterative’ effect which makes for improvement if not cure.”

We give this long extract from MR. MORRIS’ lecture that his views may be clearly expressed in his own words. The reaction he wishes to produce is very considerable, in fact, more than we should suppose desirable or necessary. He admits that its amount must be watched, but that, “if need be, it should be used up to the furthest limit of tolerance,” and that “the danger signal is the oncoming of serious constitutional disturbance.” It may be urged that this amount of intense reaction is not homœopathic. To this we would reply that, as MR. MORRIS very correctly points out, the action is the same in principle, varying only in degree, from the mild hyperæmia produced by any warm application, a fomentation, or poultice, or even a wet compress on the skin, up to the mustard poultice or the blister, or the chrysarobin application; that external applications act only by “counter-irritation” as it used to be called, that is to say, by a reflex stimulant action on the vessels and nerves of the underlying tissues, and therefore require to be used stronger in degree than a medicine given internally would be used. For though

the irritation set up in the skin may subside soon, leaving no permanent injury but only permanent benefit as its result, it would be culpable and dangerous to set up anything like this powerful reaction in the more delicate and sensitive internal organs, to say nothing of the injury, possibly permanent, which the stomach, as the recipient of the drug, would sustain. But even certain members of the homœopathic school, as the late DR. YELDHAM, consider that doses of internal homœopathic remedies should be given so as to come as near the point of pathogenetic effect as possible, or as MR. MORRIS expresses it, "up to the furthest limit of tolerance." We do not agree with such a view, but believe, with the large majority of the homœopathic school, that the dose should be such as to keep well within the line of pathogenetic action—in fact, far removed from it, in order to avoid possible aggravation; but in the question at issue, it is well to remember that such views have been advocated by homœopaths of standing. And, besides, we all know that aggravations do occur occasionally in very sensitive patients from extremely minute and even infinitesimal doses of the indicated homœopathic remedy, and that when this does occur, if the medicine is stopped, and the aggravation allowed to subside, benefit or cure results.

The principle is the same all through—the administration externally or internally of a medicinal substance which has a specific affinity for the skin or for internal organs or tissues, and whose affinity for these tissues is shown by their power to produce a condition of disease when given in large doses to the healthy individual, similar to that present in the case to be treated; and secondly, the administration of such a medicament, internal or external, in such a dose as will be sufficient to stimulate or produce reaction towards health in the diseased part. The ideal dose is that which is just sufficient to produce this reaction and no more, and to avoid anything like pathogenetic, or we might term it poisonous, symptoms. We know that remedies which cure skin diseases, externally or internally used, as well as those which cure internal diseases, do not set up a vague, helter-skelter sort of action on the body in general, but that each has a specific relation to the skin, or the internal organs and

tissues which they single out to develop their effects. These specific effects are discovered by observing cases of poisoning, and by "provings" on the healthy body, and hence we *know* that in giving a dose of any drug which has thus been "proved," we are going directly to the seat of the disease; and we know also that in giving a small—how small is a matter of experience—dose of such a specifically acting drug we apply a stimulus which produces the requisite reaction for recovery of health.

This is homœopathy, and it is just the principle of "reaction" which MR. MORRIS advocates and believes in on theoretical as well as practical grounds. There is no case of "tips" here. It is the enunciation of a broad *principle* of treatment, essentially the same as the law of similars, which we daily preach and practise, but which none of the "discoverers" of "new remedies" have the honesty and straightforwardness to put forward or even name, while they studiously conceal the sources of their "discoveries" for fear of being considered as tainted with heresy.

It is interesting to notice MR. MORRIS' reference to the similar action of arsenical waters, and even the waters of Bath, and also of sea-bathing, as showing the universality of this principle of medicinal action and reaction in this double or reverse action of all substances which have any effect on the healthy human body, and of the therapeutic corollary which logically follows.

We must also quote what MR. MALCOLM MORRIS says of "alteratives." "Certain agents may have the power of producing—in addition to the phenomena of inflammation—a chemical or bactericidal or other specific action whose nature is still unknown. . . . I am inclined to think, however, that in some affections the action of the remedy is what used to be called 'alterative' in character. . . . All that we know about so-called alteratives is that they bring about a change of some kind which often ends in a cure. In whatever way the change is caused, it manifests itself in increased cell-activity in the affected parts—or in other words, by local reaction. Hence in many cases the first result of treatment is an exacerbation of the morbid process."

We quite agree with MR. MORRIS that the term "alterative" is an excellent one. It involves no theory, as our

often-used corresponding term "anti-psoric" (derived from HAHNEMANN) does, and it expresses just what happens. It seems to rouse a sluggish, chronic condition of body into one of active healthy reaction, in a way which it is difficult to explain except on the law of similars. Sulphur is the prototype of such "alterative" or "anti-psoric" remedies, and when the alterative remedy is selected, in accordance with its carefully observed homœopathic indications, it is marvellous what a transformation scene follows. The whole system seems to be altered, and a new life infused. How often from the time of HAHNEMANN, who first made the observation, has it been seen that, in a sluggish, depressed state of vitality, the body seems to have lost the power of reacting to the indicated homœopathic remedy, when a short course of sulphur, or even a very few doses, seems to rouse up the vital energy to the point of healthy reaction to the remedy indicated by the morbid state of certain organs or tissues, followed quickly by cure. These "alteratives" or "anti-psorics" are the grand constitutionally acting medicines, but they must be selected not in a routine manner, but by noting carefully the constitutional basis on which the local or limited disease is ingrafted, and the pathogenesis of the alterative. And we are glad to see that the value of such drugs is recognized by MR. MORRIS, though he cannot explain their action, except on the same principle of reaction, which is quite correct.

In conclusion, we consider this lecture of MR. MALCOLM MORRIS is not only extremely interesting, but most important as showing in what direction enlightened and unprejudiced thought is running in the old school. Every recent discovery in chemistry, physics, and medicine tends in the one direction, namely in that of homœopathy and the law of similars, the action and reaction, the double and reverse action of all medicinal substances in large and small doses respectively, and the inevitable practical conclusion for therapeutic purposes. We have but to wait patiently for this evolution of thought and practice to come about, as come it will and must, to fight on and stick to our principles and practice till the time of victory arrives, when the truths we have so long insisted on believing and promulgating will be admitted as truth by the

majority, and homœopathy become the dominant practice.

We trust that MR. MALCOLM MORRIS will boldly carry out his principles and practice to their logical conclusion, and so set the example to others to do likewise. If this should be the case, the lecture we have been considering will be a landmark in the history of medicine in general, and of homœopathy in particular.

BRITISH HOMŒOPATHIC ASSOCIATION.

OUR readers will be pleased to learn that, on the invitation of the Committee of the Association, DR. E. B. NASH, the well-known author of *Regional Leaders*, etc., etc., and one of the foremost and most able teachers of *Materia Medica* in the United States, will give a series of lectures on the *Materia Medica* and its methods of study, during the second and third weeks of May. They will be delivered partly in the Hall of Clifford's Inn, and partly at the London Homœopathic Hospital. This will form a very interesting and instructive feature in the summer course of the Association's work, and we doubt not that there will be a large attendance of our colleagues and others to hear DR. NASH's lectures. We trust that every one who has it in his power to come will make a point of doing so. DR. NASH's reputation as an expert in the *Materia Medica*, and as a fascinating lecturer, is such that a chance like this should not be on any account missed. Details of dates, etc., will be duly announced by card.

We also learn that DR. GRANVILLE HEY has been elected by the LADIES' COMMITTEE as their first Travelling Scholar in Gynæcology and the Diseases of Children. DR. HEY will proceed early in May to Vienna for three months. His instructions include not only the cultivation of these special branches, but also a systematic attendance on the Homœopathic Clinics in Vienna. All who know DR. HEY personally, and his work at the London Homœopathic Hospital, when he was Resident Medical Officer, will congratulate the Ladies' Committee on their choice. For an account of the summer programme of the Association we refer our readers to our *Notabilia*.

HYDROCELE OF THE CANAL OF NUCK.

By WM. CASH REED, M.D., Liverpool.

THE following case is, I think, sufficiently interesting to be put on record. A patient, aged about 30, was admitted into the Hahnemann Hospital under Dr. Gordon Smith for gastric symptoms. A lump was found to exist in the region of the inguinal canal, and the patient was by-and-bye transferred to the surgical side for operation. On opening the sac of a possible hernia by Dr. Chas. Hayward, no contents were found except light clear fluid. The inner surface of sac was smooth, like ordinary peritoneum, and on passing the finger to the neck no opening whatever could be found, though the ring could be perfectly defined all round. The "sac" was cut off after ligature and the wound closed. The following appears to be the explanation of the exceedingly rare condition present, *viz.* hydrocele of the canal of Nuck. The round ligament is enclosed in a peritoneal investment, which in the fœtus is prolonged for a short distance into the inguinal canal. This process is the canal of Nuck, and is analogous to the funicular pouch which accompanies the vas deferens in the male.

This canal is normally obliterated in adult life, but sometimes remains patent and communicates with the general cavity of the peritoneum. In such case it may be occupied by omentum, bowel, etc. When communication with the peritoneal cavity is obliterated, but the pouch persists, as in this case, fluid may distend the latter.

The only other occasion which I can recall in which this canal was exposed during operation was in the case of a pretty extensive dissection for removal of a tumour from the vestibule.

"POST" OR "PROPTER" ?

A SERIES OF GYNÆCOLOGICAL CASES FROM THE OUT-PATIENT DEPARTMENT OF THE LONDON HOMŒOPATHIC HOSPITAL.

By MARGARET L. TYLER, M.D., AND
EDWIN A. NEATBY, M.D.

THERE is a feeling abroad amongst some homœopathic medical men that to take up a special line of practice means some degree of departure from the homœopathic

principles. This certainly should not be so, though we cannot say that there is not a possible danger of its becoming, at least partially, true.

We cannot advance these cases as models of good case-taking or of prescribing. If anyone takes the trouble to read them he will see many faults of omission and of commission. They are advanced to show what has been aimed at, rather than what has been accomplished. Even in the writing out of them, we see where we could have improved upon the prescriptions with more time at our disposal. Each reader will be able to answer the question "Post or Propter?" for him or herself. It will be difficult for us to prove that the results were *propter*. But, unless lapse of time and the *vis medicatrix naturæ* be invoked to account for the recoveries, it will be difficult for our possible critics to suggest any other cause than the remedies for the results, such as they are. To put all the good results down to time and nature would be to prove too much. For what about the cases of failure of which we get our share? They, too, have often had the benefits of time and nature's restorative efforts!

We hope that others may be induced to publish similar series from other departments. In years gone by the pages of the *Review* contained many interesting articles from the note-books of various dispensaries and out-patient departments.

CASE 1.—Case of *Retroflexed Uterus*. Curative drug (?) tuberculin.

L—— A——, æt. 32; married 2 years.

Sept. 2, 1903.—Comes up for irregular periods, scanty, almost *nil*; recurring every three weeks. For two days before and for a week after the period there is pain (aching and bearing down) in hypogastrium, lumbar region, and round body; pain only since marriage. No pregnancy; dyspareunia.

Examination shows colon loaded; vaginal orifice small and red; uterus completely retroflexed, easily replaced, but at once relapses. Ignatia 1x t.d.s. This was continued till October 21. Patient then reported that she felt much better in herself, but had pain every day—aching in hypogastrium, and especially in the left iliac region, worse on walking; period scanty. Sepia 30.

A month later she "feels almost well"; no pain till

yesterday; bowels not regular; periods scanty. Senecio 12, mij t.d.s.

Jan. 13, 1904.—Feels quite well. Period slightly painful.

Sept. 7.—Pain back after freedom for four months. Sepia 30 bis.

Sept. 21.—No better; pain still; very frequent micturition; urine pale; pain left thigh. Lycopod. 30, mij t.d.s.

Oct. 20.—Better till a week ago; bad with pain at period since. Hot mustard baths and mustard poultices relieved.

Gets faint; no appetite. Examination: Vagina small, orifice less red; cervix large. Uterus, as at the first examination, completely retroflexed. Dyspareunia occasionally. Phosphoric acid 3x.

Dec. 2.—Better in herself; pain now and again; chilly. Thuja 30, mij M. et N.

Dec. 28.—Pain has been bad, < nocte, = no sleep for several hours. Period practically *nil*. Strained, squeezing feeling L. groin. Passes less urine. Does not suffer with head now. Has been lifting her mother (ill with phthisis) and strained herself. Tub. 200, mij weekly. Arn. 30, mij M. et N.

Feb. 1, 1905.—Was much better for a month; had no sign of pain. Pain has returned one week, nocte. S.V.R., mij bis.

Feb. 10.—Now, fourteen days after period, pain. Arn. 30, mij bis die.

Feb. (? 24).—Tub. 200, mij weekly. Sac lac.

March 29.—UTERUS NOW QUITE FORWARD. Colon not loaded.

CASE 2.—Case of *Pelvic Peritonitis*, etc.

H—J—, age 35; married 5½ years.

Dec. 30, 1903.—Comes for "weakness in stomach" since marriage. Seven weeks ago had a bout of bad pain with menstrual period, which has not ceased to flow since. F. H. good. Personal history: Has suffered from weakness; influenza, several times; measles. Used to have a "yellow discharge"; cured eighteen months ago by "a West End Physician." No pregnancy; no abortions.

Last period began seven weeks ago, and has lasted ever since; patient lost a great deal for about a fortnight,

then less for the last few weeks; colour, deep red. Patient has "dreadful pain" with her periods; it lasts a week, and is worse on the first two days. The pain is in Rt. groin and across sacrum "as if inside were being pulled out." It is < by day. Urine often thick on standing. Aching at anus, and constipation, for these seven weeks, during which she is also losing flesh.

Exam.—Cervix points forward and to left, and lies over to left. Fundus not felt anteriorly. *A mass in Douglas' pouch, fixed, semi-elastic* = fundus and pelvic peritonitis with tube and tubal mole, or = fundus with pelvic peritonitis and tube. Temp. (vagina), 98·6°. *Hydras. tampons; merc. 6x; sulph. 6x.*

Jan. 20.—Period stopped a week ago. Has had pain in stomach, now in chest. Appetite better. *Merc. 30 bis die; sulph. 30 nocte.*

Feb. 17.—Better. Has had an ordinary period c. less pain. (*Merc.* makes her feel rather sick!) Looks M.B. *Merc. s. 30 mane; sulph. 30 nocte. . . .*

Better, and worse; same medicines. . . .

On *April 27, sulph. 30 only; pills iij bis.*

May 25.—> Pain not nearly so bad in Rt. inguinal region. Period lasts seven days (six diapers). Gets aching in back-passage for an hour once a day. Feet cold. *Rep.*

June 22.—Pain in abd. M.B. Pain in anus not affected by stool. (Fell thirteen months ago and struck the part.) Not tender to pressure. *Sac lac.*

July 20.—V.M.B. Weak. Last period painful. Five days later, scanty. *Puls. 12, mij bis.*

Sept. 14.—Mass nearly disappeared. *Silic. 30, miiij bis.*

Oct. 12.—Easier. Leuc. acrid, not offensive. *Rep.*

Nov. 16.—Dull pain in abd., < P.C. Last period very bad pain; eight diapers; reg. as to time; dark in colour. Pain begins two or three hours before flow and lasts four days. *Ars. 6x, mij four-hourly.*

Jan. 4, 1905.—Pain Rt. ovarian region was better for a time c. *ars.*; now "medicine has ceased to act." Pain gnawing, sometimes stinging; < after all food; goes all over abd. Weak feeling. Neuralgia right side of face since here. Sinking feeling. *Sep. 30, mij bis die.*

Feb. 8.—Pain Rt. ovarian region. Feels less sinking. Has been feeling *much better.* Gets slight discharge a week before period, "very sore." < Early morning, > nocte. *Medorrh. 200, mij weekly. Sac lac.*

March 8.—Much worse. Pain in lower abd. still. Still constipn., c. feeling of something left behind. Irritation in bed at night. *Nux 30, sulph. 30, alt. four-hourly.*

April 5.—Cat. now reg. Last profuse. Dysmenia not quite better, etc., etc. *Rep.*

April 27.—*Exam.*: Lump smaller and less tender. Fundus now easily felt anteriorly.

CASE 3.—Case of *Salpingitis*. *Silicea 30.*

Rose Styles, age 32; M. 7 years. (Sent on by Mr. Dudley Wright.)

July 6, 1904.—Severe pain in "stomach." "Discharge" since confinement in Feb. "Lump" L. side of abd. F. H.: An aunt D. "tumour." Illnesses: Measles three times; quinsies; piles and fissure (operation by Mr. Dudley Wright); ulcers in mouth. Four confinements; the last "hard"; "not a bad confinement, but not well since." No miscarriages. Last period June 19; lasted ten days; lost much (fifteen to twenty diapers); deep red; clots. Recurrence, under a month, very irreg. Not much pain with periods; a little bearing down. Leuc. very bad; varies in colour, white to deep yellow.

For three weeks has had *pain* left side abd.; sometimes a lump there; pain sharp, twitching, prevents sleep; "when hungry, something gnawing there." Urine has been scalding and thick. Irritable—everything a worry. Sleeps badly always. Appetite poor. General condition good. Pain has been better for Mr. Wright's colocynth 3x.

Exam.: Uterus subinvolutud. Cervix low. Mass (? tube) to left of uterus, with bands between. Mass elongated, flattish, 3in. long by 1in. in breadth; extends outwards and upwards from border of uterus to side of pelvis. A good deal of thick discharge. *Silicea 30, mij t.d.s.*

Oct. 5.—A little pain, not much. Rather more discharge. Period better; monthly now, and not excessive ("used to come twice a month, and too much"). *Lump much smaller. Rep.*

Oct. 26.—*Very much better. Exam.*: In Douglas' pouch there is still a tubal swelling, but no bands left, and all organs mobile. "Does not feel like the same." (Patient has not been up to hospital since.)

(To be continued.)

PRESIDENTIAL ADDRESS DELIVERED BEFORE THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1904.*

By JOHN PRESTON SUTHERLAND, M.D., of Boston, Mass.

After some introductory remarks of a local interest, Dr. Sutherland proceeds :—

Members of the American Institute of Homœopathy, Ladies and Gentlemen,—Who founded the American Institute of Homœopathy? A body of *physicians*. That is what we are apt to forget in answering that question on quick challenge; we are far more apt to say . . . a body of homœopathists. True, the founders were homœopathic physicians, but they were that secondarily, though very essentially. First of all they were *physicians*. They were men well grounded in all the medical lore of their day; they were men who had studied that lore under exactly the same instruction as had any men then bearing the title of physicians. Broadly speaking, all that any physician, as such, then knew, they knew. And knowing, they did not find it sufficient for their needs as healers of the sick. Let that never be forgotten. The founders of homœopathy did not become homœopathists as an easy road to riches or to notoriety, as not a few of our unbrotherly professional brethren still hold even to-day. They did not become homœopathists because they were not intellectually equal to mastering the knowledge possessed by other physicians of their day, as again is too often claimed. They had already mastered that knowledge, and not a few of them stood high in existing medical councils. They became homœopathists because, knowing all that was known by the medical science of their day, they did not find that all sufficient to treat the physical ills of humanity as successfully as they felt the physician should be able to treat those ills. They believed that in the homœopathic law of cure they saw an advance upon any method of cure then in use; and they resolved to give that law a trial in their daily practice. If they could have been freely allowed by their brother physicians thus to test this new article of their medical faith, there would never have been separation, of the homœopathists' making, in the great army of healers of the sick. They were not so allowed. For resolving to test the homœopathic law, they were met with a persecution that it is no part of my purpose to recall to-night. This persecution forced them into what we may call professional segregation. The toleration, nay, the encouragement, extended since that time, and to-day, to the practitioners and exclusive practitioners of

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innumerable specialities of the vast field of medicine, was violently denied to those physicians, our professional ancestors, who sought to become *therapeutic specialists*. Let us keep this fact well in mind, and then we shall never lose sight of that other fact, that in electing to become a therapeutic specialist, then or to-day, no physician loses, by any logic that can be summoned, his right to be a physician-at-large; his heirship in every medical discovery of his own or of past ages; his right to experiment along any line that may seem wise to him in the treatment of his sick patient. A man does not lose the right to be reckoned among physicians, with every claim to the fullest recognition and privilege that great title implies, because he chooses to cultivate as peculiarly his own one small corner of the vast medical field. Nor does he lose his claim to share in every fruit of that field if he offers freely to his fellow-labourers in other corners of it the fruits he is cultivating in his own corner, and can prove them the worth of what he offers. As well advance the economic insanity that the man who raises potatoes must live on potatoes exclusively, or the man who deals in wool be denied the wear of cotton, as to claim that the man who practises a medical speciality is thereby debarred from the fruits of the field of medicine at large. But what the labourers in the field of medicine have the right to claim is, that the aspirant to recognized ownership of a corner of that field shall first prove his knowledge of the use of tools, and of the character of the soil in which he is to work, as antecedent assurance that the fruits of his raising will be worth a place in the medical market.

This metaphor easily translates itself into fact. No man can justly claim a right to recognition as a labourer in the medical field who cannot first demonstrate his knowledge of those fundamental sciences on which, as on an indispensable foundation, the art of medicine rests. He must have mastered the sciences of anatomy, physiology, chemistry, histology, pathology, and pharmacology. No man ignorant of these things is a physician; and until a man is first a physician, he can never be accorded recognition as a medical specialist. Our medical ancestors, the first homœopathists, met these requirements fully and triumphantly. All that was known of the fundamental sciences of medicine they knew. Their right to become specialists was, therefore, clear. And we who call ourselves homœopathists to-day have also fulfilled these conditions. All that any physician of to-day is required to know of these fundamental sciences, we are taught in our homœopathic colleges. Homœopathic colleges, indeed, may boast of having led those of any

other school in their requirements as to the length of time a student must compulsorily spend in acquiring his knowledge of those sciences. As physicians, we have a right to our share of every fruit grown in the medical field. We are also specialists, with our own long-claimed corner of that field to keep under careful cultivation, that we may offer from it worthy fruit to the common market. Is it said that no one not resident in our particular corner has any use for our fruit? It may be true that not much of our fruit is openly in request in the public medical mart, but as it is none the less pretty constantly found on the tables of fellow-labourers whose fields neighbour ours, we are forced to the conclusion that what is not bought by day is sometimes plucked by night. I need not, perhaps, interpret this metaphor to you. You have only to study the therapeutic "discoveries" chronicled in the journals of other schools than our own to follow it easily.

We would do well to repeat, as a *credo* to be recalled on the eve of any labours we undertake in common, the fine and satisfying definition that our Institute *Transactions* bear on their title-page . . . "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

"His knowledge of medicine." What is medicine? It is a curious fact that while most of the States of the Union have laws for the regulation of medical practice, there does not exist an authoritative legal definition of medicine. Perhaps, as satisfying a definition of it as does exist, is to be found in the *Standard Dictionary*, in the phrase which defined it as "The healing art; the science of the preservation of health; and of treating disease for the purpose of cure." "The Art of Healing"; that was a phrase dear to Samuel Hahnemann. Healing the sick; that is the work to which we are pledged by the fact that we are physicians. Not to uphold a theory, however old or new; nor to dogmatize; but to heal the sick. Not, please note, to heal the sick exclusively by means of drugs. It is important to have that clear in our minds, for we who are physicians too often are guilty of that confusion of thought which is almost chronic with the laity; the inseparableness of the practice of medicine from the administration of drugs. There are a great many worthy and successful practitioners of medicine to-day, the very least part of whose work has to do with drugs at all. This may not be a very palatable reflection to those homœopaths whose devotion to the practice of medicine does not go far beyond the exercise of their own therapeutic speciality. But

it is none the less a fact immensely to be reckoned with. Nor can we escape reckoning with the fact that the greatest practical advances in the healing art for the last half-century have *not* been made along the lines of drug-administration. Do you doubt this? Look over the records of recovery from disease made under treatment where drug-administration has been reduced almost to a negligible quantity, or has been dispensed with altogether; the cures made by surgery; by diet alone; by hydro-therapy; by the various forms of manipulation; by the open-air treatment; by electro-therapy in its all but miraculous advances along the lines of high-frequency currents and vibratory stimulation; by the antitoxins; by psycho-therapeutics. What advances has drug administration made to compare with the advances made by these? Our brethren of the old school return to this query an all but wailing pessimistic reply. Said Dr. Frank Billings, in his Presidential Address before the American Medical Association, only a twelvemonth ago:—

“Much as has been accomplished by experimental medicine in a comparatively brief period of time, there are vast fields to which the method has not been applied. With most of us our present methods of clinical observation enable us to do little more than name the disease. In the vast majority of infectious diseases we are helpless to apply a specific cure. Drugs, with the exception of quinine in malaria and mercury in syphilis, are valueless as cures.”

As homœopathists we are happy in being able, alike by authentic statistics, and by long and varied personal experience, to give a much more cheerful judgment on the usefulness to-day, and in a long past, of drugs administered under a law. Here is our proof that as specialists we are making our speciality subserve the common store of medical knowledge, and the alleviation of the sufferings of our fellow-creatures. But while reiterating and rejoicing in this fact, we must yet ask ourselves, What progress has homœopathy, the therapeutic speciality, made in the last twenty-five years, that is at all commensurate with that made by the majority of the specialities already named? Understand, please, that I do not mean by “progress” advance along the lines of public appreciation or pecuniary success, but progress along the lines of broadened therapeutic resources. It is much that our remedies applied under our law still largely hold their own, approving themselves by their success in curing diseases. When we compare this truth with the fate of the remedies twenty-five years ago so highly vaunted by our brothers of the old school, and to-day, by so high an authority as the president of their national Association, hurled in a mass into

the waste-basket of dishonoured oblivion, we have no reason for despondency. As homœopathists we have no reason for despondency that other specialities have out-run our own in relative progress in a half-century, since all those other specialities are our gleaning-fields, our personal resources when we think of ourselves primarily as physicians. Every progress made in medicine is our progress, since by it we may profit in equal measure with any of our brethren in our work of healing the sick. There have been periods when factions have held that a homœopathist was false to his calling if he employed in healing the sick any other resources than those offered by the drug administered under the law of similars. Those periods have fortunately passed; those factions practically no longer exist. However the not yet extinct prejudice of our brethren of other schools may vehemently deny it, we are essentially at one with every educated physician, whatever his speciality in medicine. We need not talk of "amalgamation" with the mass of the medical profession as a future possibility, dependent on our yielding our special medical title. We *are* amalgamated with the true healers of to-day and of all time past and to come, when we claim as our own all knowledge that physicians can possess in common, and the right to employ all means that time and science may reveal for lessening the sufferings of humanity. Is there any one calling himself a homœopathist to-day who will claim that the use of a drug alone, administered along the line of similars, will cure *every* diseased condition as quickly and surely as *any* other means known to the medicine of to-day can cure it? I venture to say there is not. If there be, he must find himself ill at ease indeed in the American Institute of Homœopathy, so much of whose time is profitably occupied with the deliberations of special societies which exist to cure diseases by means not primarily those of drug-administration. Is there any homœopathist to-day who claims that he can select a drug, under the law of similars, which will achieve the results of the fresh-air treatment in tuberculosis; of surgery in pathologic conditions requiring the knife; of saline injections in collapse; of diet in diabetes, gout, and scurvy; of antitoxin in diphtheria; of the desiccated thyroid in myxœdema; of adrenalin in hæmorrhage; of psychic therapy in certain forms of neurosis; of hypnotic suggestion in certain hysterias; of the X-ray in epidermoid cancer and lupus; of manipulative treatment in certain muscular affections? I again venture to answer, no; and to assert the necessary corollary of this admission, that there are few homœopathists indeed who would ignore the obvious duty, when faced with a case of any of the above-referred-to maladies,

of adding to whatever benefit he was achieving for his patient by the use of a carefully selected homœopathic remedy, the immeasurably more assured benefits of the treatments above referred to, each in its appropriate field of action. Would the homœopathist in doing this be advertising the inefficiency of his own speciality? It is hardly conceivable that such a claim can be made. Surely no one, outside the advertising circulars of a vendor of quack remedies, claims to-day that for every disease there is a single cure-all. In admitting the limitations that we share with every other specialist, we assert the privileges we share with every other physician.

Is it a matter for regret that in the ever-widening history of medical specialization, what I have already called the segregating process should so continually obtain? From any sane or far-reaching view-point, emphatically no! Spencer's famous law of cell growth and reproduction may well be believed to apply to the cells of knowledge as well as to those of more material sort. Says Spencer: "A cell increases in bulk, as the cube of its diameter; in surface, as the square of its diameter." The obvious outcome of this inevitable process is that there comes a time when the demands of the bulk exceed the power of the surface to supply. The consequence must either be death or segmentation. Two bodies take, by segmentation, the place of one, each unit with a surface of its own. Is not this entirely true of the bulk of knowledge? Slowly growing, from within outward, there comes a time when segmentation takes place, and two bodies stand where one stood. This is inevitable, if all the truth which has developed is to have means of manifestation. Hence differing religious creeds. Hence differing medical denominations and specialities. Disruption as a means of growth is nothing to lament. So that no part arrogates to itself the title and privileges of the whole, the process of segmentation, of specialization, is wholly beneficent in result. Our ancestors in medicine, when the moment of their segregation came, found no recognition of their right to a life separate from that of the parent body. That was and is regrettable. What would be infinitely more regrettable would be for us, their descendants, to emulate the unwisdom that refused them that recognition. Let us, in this our day, watch the new processes of specialization with calm and acquiescent eyes. Let us ask of any medical speciality the one question: does it heal any form of sickness more quickly and more permanently than any method already in use? Let us ask of any specialist: is he first a physician? Here I take it is the key to problems of medical legislation: to face with no dogmatic challenge curative systems that

claim a right to prove their efficacy on whatever patients are willing to try their efficacy; merely to demand of those who desire to practise such systems, that they be and approve themselves physicians, well grounded in the knowledge of the fundamental laws governing the life of the complex human body. This assured, admit them to the field of medical practice, and watch the results of their work. Surely the most radical defendant of the rights of individuals can see no tyranny here. The community demands that no man shall practise as a pharmacist unless he can show the licence that proves his familiarity with the properties of the drugs he dispenses. It demands that no man shall practise as an engineer unless he can show the licence that proves him master of his steam and his steel. Is it more tyrannical for the community to demand of every one who would practise as a physician, *a healer of the sick*, that he first demonstrate his understanding of the laws governing the human body with which he asks to deal? To demand less than this, to admit fanatics and charlatans, ignorant of the bodies they are tampering with, into the field of medical practice, is to put the community at large into obvious peril. I need but to instance the risk to the community of allowing a case of small-pox, or scarlet fever, or diphtheria to fall into the hand of those either too ignorant to recognize the character of the disease or too fanatical to admit its existence. No, let us as physicians insist by every influence that we can command that none but qualified physicians shall have a right to recognition in the field of medical practice; and then, as specialists in that field, let us accord respect and intelligent interest to the work of every other specialist in that field.

Is this too large a liberality to ask of you? Are there certain specialities I have already mentioned, to which you are doubtful if thinking men and women are justified in according any measure of credulity? Do you hesitate to admit, for instance, the claims of the almost innumerable varieties of psycho-specialists, because their methods seem too aerial and indemonstrable? Neither time nor inclination permit me to enter here into any lengthened argument for or against the possibility of distinctively psychic means for the cure of disease. But I cannot forbear a suggestion or two, which I leave for you to ponder at your pleasure. Has it ever occurred to you that any physician who knowingly gives a placebo to an hysterical patient, which placebo serves its healing purpose, has accomplished his cure by distinctively psychic therapy? Can you deny that this is the case? And when he keeps the knowledge of this fact from his patient, and in not infrequent instances from himself, is he the superior or the inferior of the

specialist who treats his patient by distinctively psychic means, with that patient's full knowledge and assent? I but ask the question; in answering it, weigh the justice of ridicule or persecution of the habitual practitioner of psychotherapy, by those who employ the same therapy occasionally and unconfessedly. Is there here no possible gleaning by night in a neighbour's field, such as we agreed awhile ago we ourselves sometimes suffered from? One more word in this connection, and a somewhat more serious one, to which I ask your serious attention and consideration. Is it not possible, I say only possible, that there may be rounds in the ladder of consciousness too elevated for ordinary sense to climb, yet to be scaled by senses of which not many of us are as yet practically aware? May there not be powers too high and subtle for manifestation to the ordinary sense, that can yet make themselves manifest to specially cultivated sense?

The lowest of the recognized five senses, through which the universe outside ourselves manifests itself to our consciousness, is that of touch. Touch is our ability to apprehend, by means of its direct and material contact with certain nerve fibres, a form of energy manifesting itself through a solid mass of matter. This is the lowest round on the ladder of consciousness, requiring for its ascension only a material object, and flesh with which to bring that object into contact. The second round in our ladder of consciousness we call taste. Here indeed we have material substances still to be apprehended before the act of consciousness can be complete, the round of the ladder ascended. But note that this matter must be in higher form and manifested through a more subtle medium than that which appeals to the sense of touch. Touch deals with solid substances; taste refuses to deal with other than liquid ones—matter in solution. We have mounted a step, we are using a sense that can apprehend, nay that demands, a finer and subtler medium for matter to use in making its appeal to the consciousness. Another round and we have reached the sense of smell. Yet again we have changed and rarefied our medium for the appeal of matter to nerve. We have climbed above the liquid; we have here matter in suspension in a gaseous medium, appealing to a sense so delicate that it can receive this suspended matter through a medium that is invisible and intangible. Here is an appreciable upward step indeed; and now we climb, if not far, yet fast. For our next round is that we call hearing. Here we are emancipated from matter altogether, as matter is ordinarily understood. Here the universe makes appeal to our attuned senses through a medium of air alone; through

mere energy in motion, manifesting as vibration. Brought into realization, have we not here a fine and wonderful thing, which yet is a most familiar experience? Have we not climbed fast and far? But we may make one more step yet, nor stand above our reassuring experience of every day. We climb the round of sight. Here we have energy emancipated from solid, from liquid, from atmospheric media; here we have as a medium only that mysterious thing called the ether; as far above the air as that is above the liquid, or that above the solid. Here we stop, or do we stop? Would it not be more rational, more logical, to say not, Here we stop, but Here we for the moment pause? Are we prepared to say that at the sense of sight there ceases arbitrarily, this wonderfully, subtly, exquisitely graded ascent, up which we have thus far been led? Has life energy lost its power of further, higher manifestation? Has humanity no senses by which that life energy in higher manifestation can be apprehended? Let us imagine a form of life which has not yet, in its evolution, mounted above the first round of our mystic ladder, whose sole sense is that of touch. If it could be conveyed to such forms, that beyond touch there was capacity for taste, for smell, for hearing, for sight, what answer do you fancy that creature possessed of but the one sense of touch would make to these assertions of its own latent powers? Do you suppose it would make a widely different answer from that made by many of us, when we are asked to consider the possible existence of a sixth sense, a seventh, a thousand senses which mount above our five senses as they mount above each other?

Thus far in our talk, I have spoken to you largely as a physician to physicians. Now, for a few moments, let me speak to you as a homœopathist to homœopathists. Let us, for a little, turn to our own special corner of the medical field, and talk of family matters. What are we, as homœopathists, contributing to the work of the medical field at large? What are we doing to justify our claim to be therapeutic specialists? We cannot escape these questions; and it is better that we should ask them of ourselves and of each other, than that the world outside our corner should ask them of us.

What are we giving to the field at large? We are giving what we have long given, and we are giving it with the confidence in its worth only the testing of years can bring. We are giving remedies for whose efficacy we have scientific warrant. We are giving remedies whose worth we have tested by scientific methods, and tested for ourselves, and which can be proven as to their pathogenetic powers, by any scientist curious to do so. In this respect alone we justify

our right to continued existence as homœopathists. The drug-giving physicians of other corners of the field can bring no such claim as ours. They know no law under which remedies can be administered for the cure of the sick, other than those of loose empiricism. The drugs and combination of drugs that they employ are not only not chosen as the result of their own study of their properties, but are used by them many times in total ignorance by the prescriber of the very names of the drugs he is administering. Is this an incredible statement? You have only to read carefully one week's contribution to your mail by the pharmacists who make a speciality—and how many of them do not?—of “elegant, ethical and synthetical pharmaceutical preparations,” for the cure of everything under heaven. The component parts of these specifics they shyly refrain from mentioning, yet despite that fact they present ardent testimonials from physicians of unimpeachable standing as to the power of the specifics. Reflect on this, and you will not find my statement incredible. Ponder Dr. Billings' statement, which I have already quoted, on the non-reliability of every drug but two in use by all allopathic schools to-day, and then ponder the fact, demonstrated by a study of their magazine literature, of the number of drugs they habitually employ, and I think you will admit the need as crying to-day as ever before, of therapeutic specialists who know what drugs they employ, and what the properties of those drugs are, as proved by their action on the healthy body, and under what law they can be administered to secure an all but uniform result. We may say, indeed, to secure a uniform result, when we subtract occasional temperamental idiosyncrasies of the patient, and certain occasional errors of diagnosis of the physician: such errors as the failure to recognize a condition that calls for special treatment outside the domain of drug-giving at all; for instance, a headache directly due to eye-strain.

We have not outlived the world's need of us. We have not outlived the need of our continuing as therapeutic specialists. Nor are we departing, as is sometimes woefully claimed, from our faith in homœopathy and its laws, because we have in our ranks many specialists who treat exclusively given diseases, and treat them largely by means outside the domain of drug administration. There are few if any of these our specialists who do not use the homœopathic remedy as the most valuable adjunct of their treatment as a whole. In a series of questions I recently addressed to many of our specialists, with this aspect of my subject in mind, and which were fully and courteously answered, many interesting and germane points were brought out. The question, for instance,

as to whether in their speciality they found the homœopathic remedy of practical use, elicited a universal and warm assent. The general opinion is well epitomized in the following quotation from the reply of a well known specialist in diseases of the eye and ear :—

“ Since I began practising, I have constantly depended upon my drugs to aid me in the treatment of my patients. Perhaps I do not depend on the drugs alone, but I do feel they are of the greatest importance in many eye and ear conditions, and I would be greatly handicapped if I did not have their aid. This is particularly the case in intra-ocular diseases : *i.e.* iritis, choroiditis, and the various conditions of the retina and the optic nerve. Here the homœopathic specialist has everything to give his patient, while his allopathic *confrère* has to depend only on general lines of treatment of a dietetic and hygienic nature.”

So much for what homœopathy is doing for its specialists. What are its specialists doing for homœopathy, is a question of germane interest. This also has suggestive answers. For one thing, they are fighting the battles of homœopathy on the material side, by compelling recognition of the fact that homœopaths are capable of as telling work in special fields as are their old-school *confrères*; and thus enlightening prejudice on the score of our limitations. For another thing, they are sifting and specializing our *materia medica*, of which more presently; for they are making more use of, and consequently doing more to establish in a month the powers of our drugs having special symptoms—eye and ear, skin, kidney symptoms, for example—than the general practitioner would be likely to do for such drugs in a year. For yet another thing, as was pointed out in one of the answers I received, homœopathic specialists have enlarged our knowledge of the use of homœopathy through the publication of numerous text-books relating to their specialities, which deal fully with remedies homœopathic to the diseases they specially treat. Thus homœopathy ministers to our specialists and they to it. A good and cheering record! Thus far our outlook has been all cheer. Not so much can be said, perhaps, when we have asked ourselves the questions : What progress has homœopathy made, on its therapeutic side, in the last quarter-century? Is homœopathy making any progress in worth commensurate with its progress in success? I need not ask these questions, but it is my duty to ask them. It is also my duty earnestly to urge that our history be made to furnish more optimistic answers to them, when they are asked a quarter-century hence. I am sure that nothing can better help forward a consummation so hoped for by us all, than the

carrying out of some plan for the founding of an Institute for Drug-Proving.

Its work will be living work ; it will be vitally necessary work ; and it will be our work, by right of sacred inheritance. Not a recruit under our homœopathic banner but can do his share toward that work. In the governing body of that Institute we must enlist representatives of every speciality. Every speciality, through its representative, must glean from every drug proved those symptoms which suggest its usefulness in that speciality. These symptoms it must be his special province to verify by test and counter-test. Thus he will be greatly serving homœopathy, and adding greatly to the power of homœopathy to be of service to him and to his patients. Even we general practitioners, though painfully conscious sometimes of standing as the future dodos of the medical profession, soon to be of interest only to the student of extinct species, will have our share of that great work, by chronicling the triumphant emergence from the sharper tests of this new scientific day of our own old standbys, in the few unfashionable, homely, and as yet unspecialized ills that remain for our tendance. We shall point out to a world that still eats green apples, how colocynth is equal to autumnal emergencies, and how aconite still holds its own in measles, a formidable rival to the common or domestic saffron tea. Nor is it alone the ministrants to differing varieties of disease who must claim equal representation in the new Institute of Drug-Proving. This must embrace, as well, representatives of every differing shade of homœopathic medical opinion, who may, in the large toleration born of these new days, work together in amity. The gruesome spectre of the "potency question" as a war issue may surely now, at last, be relegated to our family tomb. The advocates of the highest potencies can hardly be unwilling to submit their claims to some other tribunal than that of the uncontrolled clinical test, since by that tribunal to-day the most numerous honorary diplomas are granted to quack proprietary preparations. The scoffers of aforetime at the powers of the infinitesimal are remaining, if not to pray, at least to ponder in chastened soberness lessons in the power of the infinitesimal, as manifested in the germ theory and the X-ray ; and to read thoughtfully that recent report of the United States Department of Agriculture, which states that the application of a solution containing one part of copper sulphate to seven hundred million parts of water is sufficient to affect the growth of certain seedlings when applied to their roots ; and that experiments with infinitesimal dilutions of this same substance (one to fifty millions) promise to give a treatment of water

supplies that shall make the workers on the Panama Canal practically immune from the diseases that, it was proclaimed only a few brief months ago, could not fail to cost that enterprise a million lives before it saw completion. With the recognition of the necessity of scientific control-tests on the one side, and the recognition on the other side of the unwisdom of crying "impossible" to anything, because we cannot at once determine its method of working, the two hitherto opposed factions of our therapeutic faith should find it easy to work together to noble and abiding result, and in a spirit wholly fraternal.

Once more, fellow-children of our great Institute, I bid you welcome to its councils. I welcome you as therapeutic specialists, united in loyalty to a family cause. I welcome you as physicians united by a greater bond and to a wider issue. As specialists, may we grow in expert skill by these our common deliberations; as physicians, may we grow in wider usefulness; as men and women, may we grow in tolerance, and earnestness, and human kindness.

REVIEWS.

Lectures on Homoeopathic Materia Medica. By JAMES TYLER KENT, A.M., M.D., Professor of Materia Medica in Hahnemann Medical College and Hospital, Chicago. Philadelphia: Boericke & Tafel, 1905.

THIS is a first-class book, and just the sort of thing that is wanted. Lectures on Materia Medica may be as dry as dust, and consequently unattractive, but when handled in the right way, the subject is fascinatingly interesting. Dr. Hughes' *Pharmaco-dynamics* is so charmingly written, that it reads almost like a novel, and one can go on from chapter to chapter without stopping or losing interest. So with Dr. Kent's Lectures. They do not give the pathogeneses of the medicines as a sort of boiled down materia medica, which can seldom do any good, and is repellent to the inquirer, but they give a vivid picture of the drug lectured upon, bringing out the genius of the medicine, and so impressing it on the hearer's or reader's mind in a way that nothing else can, and stated in such a pleasant colloquial manner as to attract attention. The bare proving of a drug is like the lantern slide. If looked at as it is, the whole is there, but it is hard to get a grip of it, but when thrown by the lime-light on the empty white screen, we have the picture so clearly

shown as to impress the memory. So with these Lectures. It is impossible in our limited space to give long extracts illustrating fully the method of the author; but we hope, now and then, when we have space in the *Review* to re-print some of the lectures. But one or two short samples will give an idea of the type of the lectures. Under "Belladonna," we have the following on the belladonna cough: "The belladonna cough commonly comes on from that peculiar kind of clutching in the larynx, as if a little speck of something had crept into the larynx; a little dust, or a little food, or a drop of water had got into the larynx, and he coughs. 'Dry, spasmodic cough.' An intense cough. Cough at night. Cough when lying down, worse at night than in the daytime. The cough is spasmodic, barking, short. It is a wonderful remedy for whooping cough, with spasms of the larynx which cause the whoop and difficulty of breathing. Finally, after long coughing, the expectoration of a little blood, or a little thin white mucus is the result of the violent turmoil going on in the air-passages from coughing. This belladonna cough is peculiar. As soon as its great violence and the great effort have raised a little mucus, he gets peace for a little while, and stops coughing. But during the restful period the larynx and the trachea and the air-passages grow dryer and dryer, and finally they commence to tickle, and then on comes the spasm, as if all the air passages were taking part in it, and the whoop, and the gagging, and sometimes vomiting. Then he gets up a little mucus, and the cough subsides. Another little interval and he has another spell. That is the way it goes on, like whooping cough, but during all of the interim there is constant dryness." In the lecture on "Zinc," he concludes with the following graphic passage. "The great nervousness of zinc is manifested in the feet. You will notice a child or a woman keeping one foot going all the time, cannot keep it still. Many medicines have nervous feet, and many have relief of symptoms by motion of the feet. But this is marked in zinc. A girl about twelve years of age had no congruity of symptoms, and I could not find the remedy. The mother said the child mortified her by keeping one foot constantly going in church. On asking why she did this, she replied that if she stopped she would lose her urine. Zinc cured the whole patient. In the text we find double-lined the two words 'Fidgetty feet.'"

In the lecture on "Chamomilla" occurs a very graphic passage which we must quote, and do not apologize for its length. "The most important part of chamomilla is the mental state. It pervades the whole economy, and you will see that every

region that is taken up, every part that is studied, brings into it the mental state of the patient. This remedy has more mental symptoms than in any other part 'Crying. Piteous moaning. Irritable.' The irritability is so great that it manifests itself sometimes in a very singular way. The patient seems to be driven to frenzy by the pains, and she forgets all about her prudence and her diplomacy. Loss of generosity; she has no consideration for the feelings of others. She will simply enter into a quarrel or dispute regardless of the feelings of anybody. So when you go into practice, do not be surprised when you go to the bedside of a patient in labour, who is full of pains and sufferings, if she says, 'Doctor, I don't want you, get out.' Just such an one will pass under other circumstances as a lady. The awful pains that she is bearing drive her to frenzy, and this frenzy, this over-sensitiveness to pain, is coupled with the mental state. Inability to control her temper, and the temper is roused to white heat. Now, in the child, the child whines and cries and sputters about everything. It wants something new every minute. It refuses everything it has asked for. If it is for something to eat, for something to play with, for its toys, when these are handed to the child it throws them away; slings them clear across the room. Strikes the nurse in the face for presuming to get something or other that the little one did not want, yet had asked for. Capriciousness. It seems that the pains and sufferings are sometimes ameliorated by passive motion, this very particularly in children. The pains seem to be better when the child is carried, so the child wants to be carried all the time. This is true in the colic and in the bowel troubles. It is true with the earache; it is true with the evening fevers, and the general sufferings from cold and conditions while teething. *Children must be carried.* The nurse is compelled to carry the child all the time. And then there is the restlessness and capriciousness about the members of the family. The child goes two or three times up and down the room with the nurse, and then reaches out for its mother; goes two or three times up and down the room with her, and then wants to go to its father. And so it is changing about. Never satisfied. It seems to have no peace. When it has earache the sharp shooting pains cause the child to screech out. Carries the hand to the ear. The pains often cause that sharp, piercing tone of the voice. Adults in pain cannot keep still, the pains are so severe; it is not always that they are decidedly ameliorated by moving, but they seem to be. But they move because they can't keep still. So the chamomilla patient is tossing in bed, if in bed; not an instant quiet. And along

with all of these the same irritability; becomes violently excited at the pain; angry at the pain; irritable about the pain; will scold and scold about the pain; the pain is so torturesome. Aversion to talk, and snappish. The patient is constantly sitting and looking within herself during such conditions when pains are absent." We have seldom read such a living, graphic picture of drug action as this. With these tastes of Dr. Kent's lectures, we expect readers' appetites are whetted to have more, and we advise them to possess themselves of the book, which is one of the most valuable contributions to homœopathic literature that has appeared for a long time. It is sure to have a large circulation. The book is a large one of 960 pages, and admirably got up, as all Boericke & Tafel's publications are.

The Medical Annual: A Year-Book of Treatment and Practitioner's Index. Bristol: John Wright & Co., 1905.

THIS *Annual*, which is so well known, being now in its twenty-third year, appears this year in a larger form than in past years, and it keeps up its reputation as the fullest and best digest of all that has been published in books and journals in 1904.

On the first page, in the "Review of Therapeutic Progress in 1904," the writer begins by saying: "During 1904 no striking therapeutical discovery has been made. A large amount of clinical and laboratory work has been done, and there has been the customary output of new synthetic drugs." This is an accurate description of what we find in the *Annual*. There is little special to notice, though on page 7 we are pleased to see that apocynum cannabinum, a valuable drug in cardiac dropsy, is brought into notice, and its therapeutical action described correctly. It has been long in use by homœopaths, whose recommendations and experience are, as usual, being made use of by the old school. Its great value is, as we have said, in cardiac dropsy, not only increasing to a great degree the urinary secretion, and so relieving the dropsy, but also in strengthening and slowing (when quick) the heart's action. Its effect on the heart is most interesting to observe, and this of itself renders it a very valuable drug in the treatment of such cases. In renal dropsy its action is not so decisive. The *Annual* ought to be in the hands of every practitioner, whether of the old or the new school, who wishes to be "up-to-date" in his knowledge of what has been written or done in medicine and surgery during the past year. It is, as usual, freely illustrated by excellent plates, and among them is a series of stereograms illustrating eye-diseases. To make full use of these, Messrs. Wright & Co. provide a stereoscope for the small additional cost of 2s.

"Similia Similibus Curentur," as Science, Politics, Culture.
By GEORGE BURFORD, M.B., M.C., Senior Physician for Diseases of Women to the London Homœopathic Hospital; President of the British Homœopathic Congress, 1904, &c., &c. Being the Presidential Address delivered before the British Homœopathic Congress at its meeting in London in July, 1904. London: E. Gould & Son, Ltd., 1905.

WE are extremely glad that Dr. Burford has published his Presidential address in a separate form. It has already appeared in three instalments in the pages of the *Review*, but it is far too valuable a contribution to homœopathic literature to allow of its being merely archived in the pages of the *Review*. It is one of the most able, large-minded, and philosophical treatises that have ever appeared from the pen of a physician of the homœopathic school, and should be re-read by all who read it in our pages, and if any of our readers has not already perused it, the sooner he does so the better for himself and for homœopathy. We can only regret that this first-class address will not fall into the hands of many of the old school, as it would open a new chapter in their evolution of therapeutic ideas. The publication of it in a separate form is the only way to attain this object, to however limited a degree. If men will persistently shut their eyes to new truths, so much the worse for themselves, and the responsibility rests with them. We wish Dr. Burford's address the widest circulation possible, as we feel proud of it.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Seventh Meeting of the Session 1904-5 of the British Homœopathic Society was held at the London Homœopathic Hospital on Thursday, April 6th, 1905. Dr. James Johnstone, President, in the chair.

SPECIMEN.

The following specimen was exhibited by Dr. E. A. Neatby. A uterine myoma associated with double hæmatosalpinx, removed by cœliotomy.

SECTION OF MEDICINE AND PATHOLOGY.

A series of papers on Diabetes and the Pancreas were presented, with a discussion following on the whole question.

Dr. Galley Blackley introduced the subject in a paper entitled "Diabetes." He regarded the disease as a malady

of retarded nutrition. The question of the communicability of the disease was discussed, bearing on the occurrence of so-called conjugal diabetes. Distinctions were carefully drawn between toxic glycosuria and phloridzin diabetes. A detailed account of the pathological anatomy, especially with reference to the nervous system, the blood, and the pancreas, was presented, leading up to the latest theories of diabetes, Dr. Blackley's own view inclining to the pancreatic theory. Under treatment, Dr. Blackley gave a summary of methods in use during the past ten years, and then discussed various recommendations under diet, medicines of both schools, mineral waters, and organo-therapy. Several cases from Dr. Blackley's own experience were offered as illustrating various points in the paper.

The second paper was read by Dr. C. Osmond Bodman, of Bristol, entitled "A Case of Acute Diabetes Mellitus, with some remarks on the disease as it occurs in children." Dr. Bodman's case, which he gave in detail, was a rapidly fatal one in a boy of twelve. And using this case as illustrative Dr. Bodman discussed the differences between the occurrence of the disease in adults and children, under the influence of age, sex, heredity, nervous shock, as etiological factors. The anatomical lesions and special clinical features were passed in review, emphasis being laid on the as yet almost invariably fatal termination in children. Under diagnosis a distinction must be drawn between the fatal form of the disease and temporary glycosuria. In treatment, Dr. Bodman thought the diet should be strict.

The concluding paper was by Dr. F. A. Watkins, on "A Clinical Study of some Pancreatic Diseases." Dr. Watkins' remarks were based chiefly on an exhibition of the following microscopic specimens: sections of (1) Carcinoma of the pancreas; (2) Secondary deposit in the liver; (3) Hæmorrhagic pancreatitis; (4) Fatty necrosis showing fatty acid crystals. The exhibits also included Cammidge's pancreatic crystals from urine, crystals of glucosozone and lactosozone.

In the discussion, Dr. Dyce Brown said he had given up the routine practice of ordering a strict diabetic diet as unnecessary. In this view he claimed the support of Dr. Burwood. Drs. Byres Moir, Roberson Day, Burford, Mr. Dudley Wright, Drs. Stonham, MacNish, Edwin A. Neatby, and the President also contributed to the discussion, and replies were offered by the openers.

NOTABILIA.

THE 150TH ANNIVERSARY OF THE BIRTH OF HAHNEMANN.

FESTIVAL DINNER.

A FESTIVAL DINNER in commemoration of the 150th anniversary of the birth of Samuel Hahnemann was held, under the auspices and management of the British Homœopathic Society, on April 10th, at the Hotel Cecil at 7.30 p.m., under the Presidency of James Johnstone, M.B., F.R.C.S., the President of the Society.

There was a large attendance, and the meeting was a most enthusiastic one. The following is a list of most of those who were present : Dr. Searson ; Dr. Madden ; J. Churchill, Esq. ; F. Best, Esq. ; Dr. Burford ; Dr. Gilbert ; Harold Burford, Esq. ; C. Stuart, Esq. ; Dr. Nankivell ; H. Schmalz, Esq. ; Percy Hull, Esq. ; Lyon Mackenzie, Esq. ; F. W. Cheetham, Esq. ; Dr. Byres Moir ; H. Thomson, Esq. ; S. H. Kluht Esq. ; Mr. Dudley Wright ; Capt. F. Gunter, R.A.M.C. ; F. J. Rees, Esq. ; Dr. Neatby ; Rev. Dr. Hanson ; H. Whitehorn, Esq. ; J. Howard Carter, Esq. ; John Jones, Esq. ; Dr. Macnish ; Dr. Epps ; Dr. J. Johnstone ; Dr. Cartier ; Mazzini Stuart, Esq. ; Dr. Dyce Brown ; Dr. Stonham ; Dr. Goldsbrough ; Dr. Blackley ; Dr. Beale ; Dr. Jagielski ; T. Stevens, Esq. ; B. Gott, Esq. ; Nichol Brown, Esq. ; C. Knox Shaw, Esq. ; Prof. D. S. Capper ; T. A. Spalding, Esq. ; E. A. Attwood, Esq. ; Dr. Hayes ; Dr. McLachlan ; Dr. Renner ; Dr. Wynne Thomas ; Dr. H. E. Deane ; Colonel F. B. Deane ; Colonel G. W. Deane ; Dr. Murray ; Dr. Ashton.

A number of letters of apology for absence were received, the President reading in full only one, namely that from Dr. Suss-Hahnemann, the grandson of the Master, greatly regretting that he was unable to be personally able to do honour to his grandfather.

In the list will be observed the name of our distinguished French colleague, Dr. Cartier, of Paris, who had come over to England specially to be present, and who sat on the right hand of the President.

It was resolved that, in place of the usual list of toasts, only two should be given, that of "The King," and "The Immortal Memory of Hahnemann."

After dinner was over, the President proposed the health of "The King," which was loyally responded to.

The President then delivered an extremely interesting

and able *Biographical Sketch of Hahnemann*, which was rendered doubly interesting by numerous lantern slides, illustrating the various places and objects of interest in connection with his subject.

Dr. Johnstone said: Gentlemen,—After the toast which we have just honoured, our first word this evening will be one of welcome, on behalf of the British Homœopathic Society, to our guests both lay and professional. This is pre-eminently an occasion in which our patients as well as ourselves are interested. We are mutually dependent on each other, but both are primarily dependent, the one for livelihood, the other for care of life and health, on the benefits conferred by him whose memory we are this evening assembled to honour.

We are not here to mourn the loss of a colleague and benefactor, for he has long since been called to his rest, after an unusually extended life of busy work and usefulness; but the key-note of this assembly should be one of joy and gratification; joy at the birth 150 years ago to-night of our master, Samuel Hahnemann, a brilliant scholar, an advanced medical reformer, an eminent scientist and a most successful physician; gratification for the untold and increasing influence for the good and well-being of thousands of suffering humanity. "We come, not to bury Cæsar, but to praise him," if I may be permitted to re-arrange the words of our immortal playwright. "The good men do, lives after them—the rest is buried with their bones." Of few men can this be said more truly than of Hahnemann.

How marvellous and far-reaching has been the effect of his spirit and teaching on that particular cult of medical practice with which we are more particularly associated, and how much for the last one hundred years has that influence been felt on the more general practice of medicine, particularly in the abandonment of blood-letting, the use of the single remedy, the purification of the *materia medica*, and the lessening of the dose! His principles have been adopted by thousands of disciples in many lands. These disciples will ever have a special bond of kinship between them, a kinship of loyal allegiance to a common Master. That such an international bond is no mere fancy of a dreamer, the fraternal relations with colleagues in other countries constitute indisputable evidence. What else but such a spirit has prompted a distinguished colleague from the fair capital of France (and some would say of Europe) to come and join in this, our evening of commemoration! Not only are we eager to extend to him a hearty welcome for his own personal worth and high standing as a physician, but also for his being the bearer of

friendly greetings from our colleagues across the Channel. May this Hahnemannian link in the rapidly strengthening chain of the *entente cordiale* be hall-marked as sterling gold by the impressions of fraternal feeling and good fellowship which we must see that he carries back to those whom he represents.

Our honoured colleague and guest, Dr. Cartier: on behalf of the British Homœopathic Association and its friends here assembled, I offer you a most hearty welcome. It gives us untold pleasure to have your presence and message on this occasion, and we beg of you, when you return to your fair city, to convey our warmest greetings to our brethren in France, to assure them of our sincere and hearty good wishes and of our most loyal support in the common cause of homœopathic principle and practice, and, as a token of this our regard I extend you the right hand of fellowship.

To our other visitors this evening we also extend a hearty welcome. We are cheered by your presence and support, and trust that you in turn have satisfaction in the physiological and intellectual fare that we have to offer you. A word of apology may here be uttered to the ladies, who, I am given to understand, are much aggrieved at not being summoned to our gathering. We humbly confess our shortcomings, and hope to make amends in some slight measure by asking them to grace us with their company at the London Homœopathic Hospital to-morrow afternoon, when the collection of Hahnemann relics will be on view.

When the Council of the Society became aware, somewhat late in the day it must be honestly confessed, that the 150th anniversary of Hahnemann's birthday was approaching, they felt that, despite short notice, something must be done to commemorate the occasion. In the years that are past a Hahnemann dinner has been a frequent festival. We remember on these occasions hearing and seeing the true and trusty members of the "old guard" in British Homœopathy. Alas, how few of them now remain! We felt we could not do better than revive this function, which has fallen into abeyance for some years. Hence your summons here this evening. But we have for various reasons departed from the time-honoured plan of an extended toast list. So long a time has elapsed since the death of the founder of homœopathy, that we are inclined to forget or cease to inquire into the life and character of one who in the domain of medicine was such a power in the land in the early part of last century. To counteract this lapse into forgetfulness, and to refresh our memories of the man, his versatile abilities and general life-work, the programme before you has been framed. To me,

a most unworthy but willing exponent, has been entrusted "A Biographical Sketch of Hahnemann." For one of the younger generation, without personal acquaintance or traditional information regarding our master, this is I feel a somewhat bold undertaking. But it has been rendered light by being able to refer to standard works on Hahnemann, namely, *Dudgeon's Lectures on Homœopathy*, and Bradford's *Life and Letters of Hahnemann*. Of these I have made considerable use and would like to acknowledge my indebtedness. The most recent contribution to the literature of this subject is from the pen of Dr. Richard Haehl, secretary of the Homœopathic Society at Stuttgart, named the *Hahnemannia*. This excellent sketch of Hahnemann's life, containing many new points of interest collected on the spot, is the commemorative "*Zeitschrift*" of that society—which did honour to the "Meister" on April 2nd, some days in advance of the actual anniversary date. My best thanks are due to Dr. Haehl for forwarding me a copy of his work, of which I have made use by reproducing some of his new and interesting illustrations. To add to the interest of this "Biographical Sketch" I have ventured to give magic-lantern illustrations, in the hope that they will be acceptable. These have been copied from various sources, and for providing me with material, I am particularly indebted to Dr. Suss Hahnemann of Ventnor, Dr. Paul Lutze of Cöthen in Anhalt (successor there to Samuel Hahnemann), Dr. Willmar Schwabe of Leipzig, editor of *Popular Zeitschrift für Homœopathie*, Dr. Cartier of Paris, Dr. Peter Stuart of Liverpool, and his sister, Mrs. Stephens of Richmond. These have my best thanks for their willing response to my requests.

The story of Hahnemann's life takes us in place to the centre of Germany, and in time to the middle of the eighteenth century, when, on April 10th, 1755, he first saw the light. His father, Christian Gottfried Hahnemann, son of a painter, Christoph Hahnemann, in Lauchstadt, near Leipzig, had gone to Meissen to carry on his profession of a painter on porcelain in the Royal Factory there. Meissen is a picturesque little town on the Elbe, a few miles north of Dresden. Its principal feature is the Albrechtsburg, an ancient and picturesque ducal castle on a hill, in which the first porcelain factory found its origin. Later, the Royal Factory has been located on the outskirts of Meissen in the Triebisch valley. Hahnemann's mother, Johanne Christian Speiss, the daughter of a captain in the Weimar-Eisenach army, gave birth to her eldest son, Samuel, in a house standing but a few months ago at the corner of the Streets Neumarkt and Fleishsteg, and popularly known as the "Corner House." Of recent years

it has been occupied by a restaurant, rejoicing in the name of "Hahnemann restaurant," till replaced recently by a more pretentious building. In this beautiful Saxon town, surrounded by hills on one side and the majestic Elbe on the other, Hahnemann spent his boyhood days. For his Fatherland, Saxony, he had the greatest love, and frequently returned to it during his many and varied wanderings. As a boy he was a diligent student, much against his father's wish, and often sat late into the night studying surreptitiously by the aid of a clay lamp which he made and concealed for the purpose. These student habits, early acquired, never left him, and the wonder is that his sedentary habits seemed to detract in no way from a long and healthy life. At the age of twenty, on his own entreaty, his father gave him his portion of 20 thaler (about £3), and sent him to the University of Leipzig to study medicine, where, in addition to attending classes, he supported himself by teaching English and German and translating English books. He next journeyed to Vienna, where he found a worthy Dr. Von Quarin who assisted his studies. But funds being wanting, he undertook the post of librarian and physician to the Governor of Transylvania in the town of Hermanstadt, necessitating a journey into the south-east of Austria-Hungary, a journey of some magnitude in those days without railways. Thence we find him proceeding to Erlangen to complete his studies and take his diploma in medicine. To his fatherland was the next move in 1779, and he practised at Neustadt, Dessau, and Gommern successively. It was at Dessau that he met and married his first wife, Johanna Küchler, daughter of an apothecary. Dresden was the next halt in his itinerary, where he almost entirely relinquished the practice of medicine and devoted himself to chemistry. As a result we have from his pen a treatise on "Arsenic and Arsenical Poisoning," which at once took its place as a standard work on the subject, and is one of the first evidences of the author's devoting attention to the study of pharmacology, on which the basis of his great life work was laid.

In 1789 we find him at Leipzig, writing on Syphilis and announcing his discovery of his method of preparing his *soluble mercury*. Next year, 1790, will ever be memorable to us as homœopathic, for in it the earliest glimmering ideas of the guiding principle he afterwards inculcated, "*Similia similibus curentur*," first dawned on him. While translating Cullen's *Materia Medica* he was struck by the reputed fever-producing property of cinchona bark. At first he considered this preposterous, and then, in the words of Dr. Lippe, quoted by our revered departed Richard Hughes, "this good and

benevolent man had an 'inspiration.' " He concluded to take the drug himself, and see whether light could not be brought into the prevailing darkness. Bright and early in the morning Hahnemann went to the "Apotheke zum Goldenen Loewen" in the market-place of Leipzig, and there and then selected some fresh cinchona bark and obtained some vials and alcohol. He prepared a tincture, took it, and behold the symptoms he observed in himself showed a marked similarity to cases of ague cured by him by the same drug. And it was then a new light dawned upon him ; that light was this : "A drug will cure such ailment as its sick-making power will produce a similarity to " (*British Journal of Homœopathy*, vol. 42, p. 8). This first proving by Hahnemann on himself, was the precursor of a vast array by himself and his disciples, and it is on this firm basis that the superstructure of homœopathy so firmly stands.

About this time an increasing family, slight success in practice, and inadequate remuneration for his literary work, brought him into the very depths of poverty, so low that he and his family had to share one room, and had often to do without the bare necessities of life. Yet Hahnemann's elastic and buoyant spirit rose triumphant midst the depression and gloom of such surroundings. A way out was provided when he took charge of an insane asylum at Georgenthal in the Thuringian Forest, offered him by the Duke of Saxe-Gotha, where he made a famous cure of a court minister by adopting, for the first time in Germany, that humane treatment of the insane now so successful in modern times. In this as in other departments of science and medicine, Hahnemann always illumined the darkness and ignorance of prevailing ideas by some fresh inspiration, foreshadowing and forestalling the advanced practice of a century later. Also about this time he advocated the use of belladonna in scarlet fever. This, and his successful treatment on new lines of the insane minister Klockenbring, brought him into violent collision with his medical colleagues, and from that time on he suffered the most persistent and ill-natured persecution. Thus began his "years of wandering" from place to place ; no sooner had he settled down than the agents of the Apothecaries' Society hounded him out, for by law only chemists could compound medicines, and Hahnemann by preparing and giving his own single medicines infringed their rights. Imbued by the same motives as the silversmiths of Diana, who by the teaching of St. Paul found their trade in danger, they gave him no peace, and so we find him within the space of a few years at places so widely apart as Walschleben, Pyrmont, Wolfenbüttel, Königslutter, Hamburg, Altona,

Möllen, Eilenberg, Mächern, Dessau, and Torgau. The hostility to him was such that he had to give up writing in medical journals and translating scientific works. Henceforth he was compelled to publish his work himself, or in *Hufeland's Journal*, a popular paper. In this latter appeared his exposition of the homœopathic principle in an article entitled, "The Medicine of Experience," which brought him added calumny and persecution. Next appeared, in 1810, the first edition of his immortal *Organon*, which was an elaboration and exposition of his matured ideas. By this time practice and fame increased, *pari passu*, and he returned to Leipzig "on the flood-tide of fortune" (Dudgeon's *Lectures on Homœopathy*, p. 31).

Quoting Bradford, "What a marvellous variety of changes had compassed the life of this man since the time when he departed from the great city, a boy of twenty-two, with the future all before him! Vienna, Hermanstadt, Erlangen, Dessau, Gommern, Dresden, the momentous discovery at Leipzig, Georgenthal, the "wander" years afterwards, and Torgau with its literary results, until now, with a name well-known in all Germany, with a new and superior system of medicine to his credit, he, a man of fifty-six years, and, as he called himself, cosmopolite, once more turns towards the scene of his earlier student life. Trial, sorrow, privation, malevolence, falsehood, all had followed him like shadows, yet had he gone patiently and manfully on in the path he had determined to follow. Now he returned to Leipzig to teach to others the truths that God had permitted him to discover; to disseminate a certain law of healing for the good of his fellow-men."

To qualify himself for the privilege of giving lectures to his pupils at the University of Leipzig, he had to pay a sum of money and defend a thesis. This produced his famous essay, "*De Helleborismo veterum*," "The Hellebore of the Ancients," a work showing such minute research, classical scholarship, intimate knowledge of languages and of science, that he astounded the faculty, and his adversaries in particular. To compile this work he must have read carefully in the original Greek, Latin, and Arabic, the works of fifty physicians from Hippocrates down to his own day. To quote *Dudgeon's Lectures* (p. 32): "This trial, which his enemies had fain hoped would end in an exposure of the ignorance of the shallow charlatan (as they called him) triumphantly proved the superiority of Hahnemann over his opponents even on their own territory, and was a brilliant inauguration of his lectures," which became famous and thronged. But here I fear to tread further, as I may find myself stealing the thunder from the

oration on "Hahnemann as a man of letters," in which this aspect of Hahnemann's attainments will no doubt be amply and brilliantly dealt with.

Time does not permit to allude to the controversies Hahnemann was embroiled in with his opponents, or of his continued difficulties with the apothecaries, who still were like sleuth-hounds on his track. They made it almost impossible for Hahnemann to earn a livelihood by practice, without his having to modify his methods of dispensing. At this moment of discouragement and despondency, when the future was dark and obscure, a light appeared to chase away the clouds of despair.

The Prince of Anhalt-Cöthen, who ardently adopted his teachings, offered him absolute freedom to practise in the town of Cöthen, the capital of the State. Hither Hahnemann repaired in 1821, evading thereby the restrictions and persecutions of his enemies the physicians and chemists, to find himself armed with princely authority to do what he liked. No doubt it was with reluctance that he said good-bye to Leipzig, the city of learning and art, of busy life and pleasing surroundings, to immure himself in a little country town, a veritable sleepy hollow. As Court Physician he enjoyed many privileges and honors, but he missed his disciples and his provers. However, he found abundance of employment in practice and literary labour, publishing successive editions of his *Organon* and *Materia Medica*. New work also engaged him in the writing and publication of his famous *Chronic Diseases*. His followers in Leipzig and throughout the country remained faithful to him and grew in numbers daily, to such an extent that he was able to found in 1829 the first homœopathic society—"Central Society of German Homœopathists." This was on the festival occasion of the fiftieth anniversary of obtaining his doctor's degree. He was fêted and lionized by an admiring assembly of his followers, drawn from all over the country to do honour to their master. His portrait in oils was presented to him, and by the kindness of Dr. Suss Hahnemann of Ventnor, I am able to show you a reproduction of it.

In the following year Hahnemann lost his wife, the sympathetic sharer of his joys and sorrows (and the latter were many) for fifty years. Much has been written as to the personality of the lady, but I am inclined to take Dudgeon's view when he writes: "It has been stated that this good lady had not the sweetest of tempers, and that she was somewhat of a Xantippe to our Socrates; but as far as I can learn, there is no ground for this accusation. There is no doubt that she was a most affectionate wife and mother, but at the same

time a strict disciplinarian who asserted her supremacy over the domestic affairs and over her husband, in as far as he was part and parcel of the household. That Hahnemann loved and highly esteemed her, we have ample evidence from many passages in his letters and from the testimony of his friends."

While at Cöthen, there occurred a brilliant example of Hahnemann's application of his guiding principle. The cholera was invading Europe by way of the East. Hahnemann heard of its coming, and acquainting himself with its characteristics, sought out the remedies suitable to combat it, printed directions accordingly, and distributed these widely. By this means the prophylaxis and treatment were so successful when in time the dread disease duly invaded his neighbourhood, that there was established a convincing proof of his method which gained for him and his system much sympathy and support.

Not only in Germany, but in foreign countries even as far as America, his views and practice were advancing, and exciting the hostility of the old school. Hahnemann was at last beginning to find his labours bearing world-wide fruit.

What a solace the life at Cöthen must have been to Hahnemann, with peace, prosperity, liberty, opportunity to write, and the success of his system; all must have tended to make life during these fourteen years at Cöthen really happy and ideal for the scholastic tastes of Hahnemann, now in his eighth decade of life.

But a wonderful change was in store for him. Suddenly, from the gay city of Europe, a talented and gifted young lady of noble birth appeared in search of advice from the renowned and aged physician. Doctor and patient became mutually interested, and the attachment culminated in marriage and departure for Paris. Naturally the romantic episode created quite a stir in his own family, in the town of Cöthen, and in fact all over Germany. Much has been written for and against the character and history of Mélanie d'Hervilly Gohier, who at thirty-five married an aged man of eighty. Still more surprising was the complete change in Hahnemann's life in Paris. At Cöthen, he was anything but sociable, hardly stirred beyond his own house and garden, received all his patients in his own room, and generally lived the life of a recluse. In Paris all this was changed. He visited patients at their own homes, attended the salons, theatres, and places of amusement, and entered with alacrity into the gay life of a gay circle in a gay city. Though he parted with the best of his fortune made at Cöthen to his family before leaving, in the following eight years he amassed another in Paris. But the endurance of the human frame has its limits, and Hahnemann

survived his migration to Paris but eight years, and died full of years and honours at the age of eighty-nine on July 2nd, 1843.

Such is a brief sketch of the life of this great man, eminent as a scholar, a scientist, and a physician, whose indomitable perseverance and brilliant gifts enabled him to educate himself, endure poverty and distress, wander over the face of the country with an increasing family, be hunted by his enemies, defeat them ultimately with their own weapons, found a school of thought and practice in medicine, write a legion of books, pamphlets, translations, etc., and yet make two fortunes in the practice of his profession.

To my colleagues who follow me, I must leave the congenial task of laying before you some of the many-sided aspects of this great man, who by Jean Paul Richter was called, "This double-headed prodigy of philosophy and erudition."

In conclusion, let me add a few words about the various monuments to his memory, and the estimate of his worth and work at the present day.

Hahnemann was interred by his widow Mélanie in the Montmartre Cemetery in Paris, in a grave adjoining her family vault, without pomp or ceremony, with no monument to mark the spot.

Some six years ago when in Paris I made a pilgrimage to the grave, and had considerable difficulty in finding it, as there was nothing to distinguish it in any way. By the efforts of an international committee funds were raised, and by the good offices of our colleagues in Paris a suitable last resting-place was found for Hahnemann's body in the Cemetery of Pere Lachaise, whither it was transferred from Montmartre. At this disinterment in 1900, two persons were present who were at the first funeral, namely Dr. Suss Hahnemann of Ventnor, the grandson, and Mons. Ganai, whose father had charge of the embalming of Hahnemann's body. Their testimony and the finding of various articles deposited with the body were sufficient to establish its identity.

In July, 1900, during the sitting of the International Homœopathic Congress, a handsome monument of Scotch granite was unveiled in the presence of a large number of physicians and admirers from all over the world.

There in the Pere Lachaise Cemetery the remains of Hahnemann lie, as befitting his genius and fame, surrounded by others "who have left their footprints on the sands of time." amongst whom are Rossini, Auber, Donizetti, Racine, Molière, Gay-Lussac, Marshals Ney and Davoust, Gall, the founder of phrenology, and many others; names representative of the best in France in music, art, literature, and war.

In America, where homœopathy has shown its most vigorous growth, a splendid monument has been erected at Washington. This was unveiled by President McKinley, and accepted by him as a National Monument at the hands of the disciples of Hahnemann in that great country.

The address at its conclusion was very warmly applauded.

The President then proposed in suitable terms the toast of "The Immortal memory of Hahnemann," which was drunk in silence by all, standing.

Dr. McLachlan, of Oxford, then delivered an oration on *Hahnemann as a Scientist*, as follows :—

The atrocities committed in the name of *Science* have been, and still continue to be, very great. The needy charlatan, the race of "quacks," legalized and otherwise, past or present, glibly talk about the discoveries of science, and tacitly imply, or at any rate wish their dupes to believe, that their methods are founded on these discoveries and are therefore strictly scientific. "Science" thus used, however, is more or less a modern adaptation of the word. Before the day of science, "tradition," a word of most ancient and hoary antiquity, held the field. Indeed, even now we sometimes speak of "traditional medicine." Now one has nothing to say against tradition as such; but when it attempts to mould the present generation, just because it is tradition, i.e. apart altogether from its truth or falsity, we refuse to submit to be governed by this "dead hand," and claim the right to think for ourselves. In a book called *Job* we read that "Great men are not always wise"; and I would add, neither are majorities always right, nor are old sayings always true. Indeed, in many cases, if not in most, the traditions of the past have been the direct antitheses of truth. Foulest blasphemies, justified by tradition, have over and over again masqueraded in the garments of truth, and claimed that allegiance which is due to the truth alone.

How, then, are we to define "Science"? It is rationalized knowledge of observed facts, concerned mainly with the laws regulating occurrences. In its widest application it is the bringing of the manifold phenomena of nature to order and system, by discovery of the hidden conditions of existence—its one and only interest, to find out the "what" and the "how" of things. We distinguish "observational sciences" from "exact science," such as mathematics, as all departments of the former depend for a beginning on a large accumulation of facts from which induction proceeds, whereas exact science depends on axiomatic truth.

The distinguishing characteristic of science from our point of view is its *method of graduated verification*, not the employment of induction in lieu of deduction. "The true antithesis is not between induction and deduction, but between *verified* and *unverified* cases of induction and deduction" (G. H. Lewes). The truly scientific man verifies each stage of the process, guarantees each separate point, and proceeds to the unknown solely through the avenues of the known. We find all these points illustrated in a remarkable way in the labours of Hahnemann, whose scientific instincts and attainments were centuries in advance of his time.

How, then, are we to account for this remarkable man, with his extraordinary mental endowments? Largely, I believe, to the "thinking lessons" he had in childhood. When he was five years of age his father had a habit of giving his son Samuel what he called "thinking lessons." Did he then foresee that son's future greatness? He used to say, "If that boy is permitted to grow up I will give him lessons in thinking: that boy must learn to think."

It is maintained by some "that an infant of genius is quite the same as any other infant, only that certain surprisingly favourable influences accompany him through life, especially through childhood, and expand him, while others lie close-folded and continue dunces." Herein, say they, consists the whole difference between an inspired prophet and a double-barrelled game-preserver: the inner man of the one has been fostered into generous development; that of the other crushed down, perhaps by vigour of animal digestion and the like, has exuded and evaporated, or at best sleeps now irresuscitably stagnant at the bottom of his stomach. "With which opinion," cries the Professor in *Sartor Resartus*, "I should as soon agree as with this other, that an acorn might, by favourable or unfavourable influences of soil and climate, be nursed into a cabbage, or the cabbage-seed into an oak. Nevertheless," continues he, "I, too, acknowledge the all but omnipotence of early culture and nurture: hereby we have either a doddered dwarf bush, or a high-towering, wide-shadowing tree; either a sick yellow cabbage, or an edible luxuriant green one." That Hahnemann developed into "a high-towering, wide-shadowing tree" was admitted alike by friend and foe. Under that shadow we are met to-night. Now, the *power of comparison* is the distinctive characteristic of "thinking." In this we see how, all unconsciously, the boy was father to the man, the man who, in due time, undertook the Herculean task of making a *Materia Medica*, where his powers of comparison shine out with unrivalled splendour, and of creating a new science—the Science of Therapeutics.

In medicine all the errors which have gained acceptance in the past or present, have done so because the important principle of "verification" has been neglected. The mind of man persistently leaps forward to "anticipate" nature, and is satisfied with such "anticipations" if they have merely a *logical* consistence, *i.e.* that they look all right in print. This anticipating of nature, instead of questioning, watching, and following her, has been the curse of "traditional medicine" ever since the time (and perhaps before) when Galen and Aristotle held that air circulated in the arteries, causing the pulse to beat and cooling the temperature of the blood, and were quite content with this plausible anticipation. But they forgot to verify the facts of the air's presence, and its cooling effect, and contented themselves with those unverified assumptions—assumptions that dominated the medical profession for something like 1,500 years. We do not blame Galen for guessing, but we do blame him for leaving his guesses *unverified*. The man of science of to-day guesses as freely as the ancients; but he knows he is guessing, and should he chance to forget it his rivals will quickly remind him that his guess is not evidence. Science, indeed, would be impossible without guessing; Hahnemann himself guessed the law of cure after his epoch-making experiment with cinchona bark; but every guess, every assumption he made, he treated as merely provisional and hypothetical until it had been verified. Therein, indeed, he showed the true scientific instinct, and earned the right to be placed for all time in the front rank of men of science.

One sometimes speculates about the possible fate of scientific medicine (*i.e.*, homœopathy) had Galen never been born. Hippocrates (460 B.C.), I believe, had a distinct leaning towards homœopathy; but Galen came, some 600 years after Hippocrates (130 A.D.), and diverted the principles and practice of medicine into another channel. Some 1,600 years after Galen, Hahnemann, the "Messiah of Medicine," was born. Something similar happened in the history of astronomy. Pythagoras (570 B.C.) had taught men to regard the sun as the centre of our system. That truth held sway for some 600 years, when Ptolemy (1 A.D.) persuaded his contemporaries to abandon it, and for 1,500 years all the wisdom of the wise was on the side of error. In 1543 the great work of Copernicus was published, which gave the death-blow to the "Ptolemaic System" and reinstated the Pythagorean hypothesis on a secure scientific basis.

In Hahnemann's time medicine was quack-ridden—accredited and legalized quackery it is true—and all the wisdom of the learned men of the time, and of science falsely so

called, was on the side of quackery. Speciosity usurped the place of reality, appearance of performance the place of performance. The sick, dumb, inarticulate were pleading to be healed, mutely asking the medical hierarchy of the day, "What can you *do* for us? Can you not heal us?" The reply was the answer of the priesthood of all ages: "Are we not of God, and by Him invested with all power and authority? Have we not Galen to our father, though Hippocrates acknowledges us not? All the experience and knowledge of the ages is ours. What more can any reasonable man want? To die under such auspices is indeed glorious.

"Let sink the beggar if he will not swim,
Upon the plank that *we* throw out to him!"

From the very beginning of his career Hahnemann felt dissatisfied with medicine as practised in his day. As far as possible he cast from him the prejudices, dogmas, and false assumptions of the schools, and tried in various ways to mend and improve the methods of treating disease. He abandoned vain, empty speculation, and began to interrogate nature herself, with the result that to-day we are in possession of a science of therapeutics.

From this we also learn the false and erroneous nature of a doctrine very much in vogue at the present day, *viz.* that a man is just what heredity and environment make him—a sort of *additive* reaction, no more and no less. Now we do not deny the immense and far-reaching influence of both heredity and environment, but those who maintain the doctrine forget that man is a self-conscious being, and can make his own environment if he so wills it. Hahnemann, dissatisfied with his old environment, breaks through it and forms an entirely new one for himself.

When Hahnemann became convinced of the inutility and mischievousness of current medical methods, he did not continue a routine practice for the sake of "making a living." A noble and honest man, he refused to make a pretence of curing where he *believed* he did *not* cure. He therefore gave up the practice of medicine and devoted himself to the collateral science of chemistry and to literary labours. An honest man is the noblest work of God! He was also a reverent man, for he was "sure that the Creator had not left His creatures without a means of succour from the pangs and ravages of disease." He was no Deist: he did not believe in a Creator who, having once set the world agoing, withdrew Himself from all connection with it—becoming an absentee Creator, looking on from a distance and watching the "wheels go round."

Nevertheless, at this crisis of his life a horror of great darkness enveloped him, but still his mind was ever at work on the great question of the improvement of the practice of medicine. Doubt can only be removed by action. In this period of darkness and chaos he heard the "inner voice" saying, Be true to thyself: do the duty that lies nearest thee—that comes next; to the honest and *straight* in heart light shall arise! Then there came a moment, a Divine moment, when over the tempest-tossed soul of Hahnemann, as over the wild, weltering chaos of old, came the word, "Let there be light!" Discord is hushed and the conflicting elements take their proper places, and chaos begins to become a cosmos. The immediate cause of this transformation was a chance observation in Cullen's *Materia Medica*. This gave him the clue to his discovery, just as the falling apple did to Newton, and the swinging chandelier in the church at Pisa to Galileo. From this observation it occurred to him that provings of drugs upon healthy persons might furnish a knowledge of their specific properties, and that the administration of drugs in cases presenting symptoms similar to those which the drug produces in the healthy subject might be the law of the application of specifics. That was his guess. He then, like a true man of science, proceeded to verify it. He first sought throughout the whole of medical literature of ancient and modern times for instances bearing upon this point, and he collected a large mass of evidence corroborating his speculations. He next proceeded to verify his theory by actual experiment.

First upon himself, and then upon all healthy persons who would join him, he proved the effects of a number of drugs. Then, cautiously, first in his own family, and then little by little in general practice, which he had now resumed, he used those proved drugs in cases of disease that presented symptoms most similar to those produced by the drugs. This went on from 1790 to 1805, fifteen years of the prime of his life. He was now sure of the truth of his great principle, supported as it was with all the incidental testimony of history and the positive results of a long series of experiments. He therefore laid the whole matter before his colleagues, and adjured them in the name of truth and in the interest of humanity to investigate it candidly and without prejudice. "If," he says, "experience should show you that my method is the best, then make use of it for the benefit of mankind, and give God the glory!" The reply to this was—*personal* abuse. "Thou son of a porcelain painter, thou wast altogether born in sin, and dost thou teach us?" And they cast him out. That he was a humbug they thought was

very probable, for the sincere alone can recognize sincerity; that he was a bore they were quite sure, for, like Socrates of old, he was always asking inconvenient questions.

Of Hahnemann's attainments in the collateral science of chemistry we need not speak. In his tests for detecting iron and lead in wine, and distinguishing the one from the other, and in the preparation of "soluble mercury," we discern the prophecy and promise of a great chemist, had not the science of healing claimed him for its own. But it is because of his greatest achievement, the creation of the Science of Therapeutics, that we specially remember him to-night. Homœopathy claims to be "*The Science of Therapeutics.*" This claim involves the startling assumption that prior to the establishment of homœopathy on a scientific basis by Hahnemann, therapeutics as a science had no existence. I would make the still further claim that apart from conscious or unconscious homœopathy, therapeutics as a science has no existence to-day.

In looking at Hahnemann as a scientific man we note:—

1. *The man himself*:—

(a) He was a learned man; now inspiration does not necessarily depend on learning, but inspiration usually comes where learning is.

(b) He was an honest and sincere man in the widest acceptance of that word—honest and sincere in thought, word, and deed.

(c) He was studious and diligent in all he did, with an intense devotion to duty, even in his darkest hours.

(d) The duty that lay nearest him was the providing of daily bread for his wife and family. It was in the doing of this duty that he got the clue to his great discovery, in a chance observation of Cullen's.

2. *His scientific method*:—

(a) The result of the chance observation was a *guess* on his part concerning the possible relation subsisting between the phenomena of drug-action on the one hand, and the phenomena of natural disease on the other.

(b) He collected a large mass of evidence corroborating his speculations from past and present medical literature.

(c) He then proceeded to test and verify his theory by actual experiment. He devoted fifteen years to this work of verification, and made a large collection of experimental facts sufficient to convince any reasonable man of the truth of his theory. In his day it was customary in medical "science" to content oneself with a merely metaphysical, unverified interpretation of phenomena.

3. *The right of Homœopathy to be regarded as the Science of Therapeutics*:—

(a) It is capable of infinite progress in each of its elements without detriment to its integrity as a whole.

(b) It is able to provide for the prediction of future events within its own domain, i.e. it teaches us *in advance* how to cure new and hitherto unknown diseases. An illustrious example of this *prevision*, this knowing in advance, was afforded by Hahnemann in the directions he gave for the treatment of Asiatic cholera on its first invasion of Europe.

No other so-called "system" of therapeutics in the world can fulfil these two conditions.

In conclusion, we hail Hahnemann as a hero in an age when to be a hero was difficult—an age of scepticism and valet-souls, an age seething with quackery—quackery, indeed, regarded as the necessary vehicle of truth. Like Luther, he was one of Saxony's noblest sons, and like him he was a great emancipator and idol-breaker. Sincere in heart, as all great men must be, he hated insincerity with a deadly hatred. He is remembered by us to-night, and will ever be remembered by posterity, as the Emancipator, the Messiah of Medicine, the creator of THE Science of Therapeutics.

After the conclusion of Dr. McLachlan's oration, which was received with much applause, Dr. Byres Moir delivered an oration on *Hahnemann as a Sanitary Reformer*, as follows :—

In referring to the work done by Hahnemann as a sanitary reformer, it is necessary first of all to explain that it is quite evident from his writings that it was during the first half of his life that he was actively engaged in this direction, and that after the promulgation of his principles of drug treatment he became so absorbed in drug proving and the work of the *Materia Medica*, that he gave up writing directly on these topics, though in his letters to patients up to the last we find clear evidence of his laying down general directions with regard to diet, exercise, fresh air, etc., which could not be improved upon at the present time.

In his lesser writings, the translations of which we owe to the late lamented Dr. Dudgeon, there are a series of articles collected under the title of *The Friend of Health*, published in the years 1792 and 1795. The articles are sixteen in number, beginning with "The Bites of Mad Dogs" and finishing with "The Choice of a Family Physician."

Though written 110 years ago, they are still full of interest, and many of them deal with important subjects which are attracting attention at the present time.

For instance, we have just had a Committee appointed

to deal with the question of Physical Deterioration; they do not seem to have given a definite opinion, on the ground that they have not sufficient data to decide upon. It is interesting, therefore, to turn to Hahnemann's article, "On making the body hardy," in which there is this statement, that "in the centre of a great and populous city it is utterly impossible to bring up healthy children, and equally so to harden their frames." He dwells both upon the enervating effects of luxury, comparing the children to hot-house plants, and to the effects of poverty, associated with the deteriorated air, in closely-built towns, with high houses, in the production of rickets and similar diseases.

His ideal seemed to be towns of about 2,000 inhabitants, in which he says the houses should not be built higher than two stories, with straight, broad streets, and gardens behind. In this we surely have the forethought of the "garden cities" now proposed.

In another direction, also of great interest at the present time, we may claim Hahnemann as one of the early pioneers; a subject which has been brought to the front by recent bacteriological work—that is, immunity to infectious or morbid processes. At the present time we see efforts made to attain this immunity by the inoculation of attenuated virus. In his article on "Protection against Infection in Epidemic Diseases" Hahnemann says, "That we may gradually accustom ourselves to the most poisonous exhalations and remain pretty well in the midst of them." This is to be obtained, in his words, "by very gradually approaching and accustoming ourselves to the inflammatory material of the contagion, to blunt by degrees our nerves to the impression of the miasm, otherwise so easily communicable," meaning that immunity can be obtained by frequent and small doses of the infection. He gives careful directions for visitors to the sick, doctors, and nurses how to conduct themselves in outbreaks of infectious disorders, and says that those who have already attended patients affected with the complaint are more secure from the infection than those who have not.

After he had discovered the principle of "like curing like" he came to the conclusion that a medicine which causes symptoms similar to the disease must be one of the best preventives; arguing also in this case from the prophylactic action of cow-pox against small-pox, the cow-pox he considered constituting altogether a disease very like small-pox.

From this came his recommendation of belladonna as a prophylactic in scarlet fever. This has, of course, met with much ridicule, but all that Hahnemann asked was that it

should be put to the test, giving in detail his own results. A very different view of this can be taken now in the light of the work done in toxins and antitoxins, and the explanation which our Chairman gave us in his paper on "Serum Therapy and its Relation to Homœopathy," belladonna producing in the body an antitoxin which would be similar to that produced by the poison of scarlet fever.

In the same way he recommended copper in cholera, both as a prophylactic, and curative in the second stage, and we have plenty of evidence in the figures of the homœopathic treatment of cholera of the good results that followed this recommendation.

Bearing upon this point, and the change of view that has taken place with regard to the action of small doses, I could not do better than refer to some articles which appeared in the *Daily Graphic* last month on "Water Purification by Copper." In this it is stated that "to get rid of the green scum of water plants, such as algæ, the dilution required for such treatment need not be more than 1 part of copper sulphate to 8,000,000 parts of water. The dilution is so great that in order to obtain a medicinal dose of the chemical it would be necessary for an individual to drink about forty gallons of water a day." We have here, gentlemen, the old view of the medicinal dose, and no reasons given why algæ should be considered to be more sensitive than the cells of the human body. The correspondent was asked by several inquirers whether this destructive power of copper could not be turned to use in the treatment and prevention of typhoid and cholera. He says that he made inquiries in medical quarters, but could hold out no hope that the treatment could be applied to them. He evidently did not apply in the right quarter, and it shows how little is known of the work already done by homœopathy, and also that we have not followed as we ought to have done the lead which Hahnemann gave us in this direction.

I have referred on previous occasions to what I consider the best and most up-to-date article on the question of public health that Hahnemann wrote, viz. "On the Prevention of Epidemics," and do not wish to weary you by repetition, but as some here may not know of this work, I may briefly state that we find Hahnemann in 1795 recommending in three articles—"On Plans for Eradicating a Malignant Fever," and "Suggestions for the Prevention of Epidemics in general, especially in towns"—all the means which are in use at the present time, going into the most careful details, i.e. :—

Strict rules for the isolation of cases in hospitals outside the city walls.

Dresses to be worn by doctors and nurses, with directions for their disinfection—long before the presence of germs were known.

That the police should be paid about 3s. 6d. for each case of infectious disease reported, thus suggesting the Notification Act which has recently been carried out in this country.

Disinfection of clothes, etc., by dry heat in an oven taken up to a temperature of 120° Reaumur. Numerous directions for food, water, cleaning of cesspools, etc. The danger of public schools for the diffusion of contagion; attention has been again drawn to this of late as the chief cause of the spread of diphtheria in London.

Hahnemann's own words are: "If schoolmasters in general were given to attend more to the physical and moral training of their pupils than to cramming their memories, much mischief of this character might be prevented. It should be impressed upon them not to admit any sick child to the classes, whose altered appearance betrays the commencement of disease. Besides, a sick child can learn nothing."

He recommends cremation for the disposal of the corpses. There are many other points, such as the care of prisons and lunatic asylums, which it would be interesting to dwell upon, but I have given enough instances to show that he was much before his time. And we must remember that these articles were written simply from his sense of duty to the public well-being, and, as he says, by a private individual occupying no official post. What a Medical Officer of Health he would have made!

Wherever we turn in his writings on the question of health, we find matter which appeals to us and holds good for all time. Each of us looks at it from some different point, but all will find some point that comes directly home.

In my own case I found a teacher after my own heart in the directions which he gave to a young man who wrote to him about his health. He asks him how he can expect to keep well if he didn't take proper exercise, and that it was his duty to be out walking for at least an hour every day, whatever the weather, and as well, he was to fence for half-an-hour, using first one arm and then the other, leaving the question of medicine till after he had given the most careful regimen.

Dr. Roberson Day, who has just brought out his work on Children, would, I am sure, approve of his teaching in the care of children which he gives under the title of "A Nursery."

A few years ago Dr. Burwood gave us a most interesting and original paper from his own observations on the effect of altered barometric pressure; it is therefore interesting

to find Hahnemann referring to the influence of climate, weather, state of barometer, etc., and noticing especially the effect of a low state of the barometer on the apoplectic.

I am afraid I must accuse Hahnemann of one great inconsistency; it is, in fact, a case of "compounding for sins he was inclined to, by damning those he had no mind to," for while we find over 20 pages devoted to the bad effect of coffee (in this country it would have been tea), I find no mention of tobacco. The reason is obvious, for Hahnemann was an inveterate smoker, seldom being seen without his long pipe. In our present atmosphere it is better perhaps not to dwell upon this, which we may consider his one redeeming vice.

I am sorry to have dealt so inadequately with my subject, and must ask your leniency for treating it so superficially. Hahnemann not only taught, but put in practice in his own life, that health was to be obtained by fresh air, cold water, exercise, moderation in diet, enthusiasm in work, and a contented mind. As a result he remained actively at work and clear in brain-power, up to the end of his life at the ripe age of 89.

Dr. Moir's oration was also much applauded.

Dr. Cartier said, in reply to his welcome by the President: Gentlemen,—Some nine years ago I had the pleasure of being present among you at the same Cecil Hotel for your brilliant International Homœopathic Congress. To-day I am happy to find myself in this Hall among my English colleagues, whose value we appreciate so highly in France by their books and writings.

In the name of the French Homœopathic Society I am desired to offer to the English Homœopathic Society the feelings of our warmest sympathy.

This evening I have the opportunity of announcing to you some good news coming from France; a very high personage of the French Republic has had recourse to homœopathy for his son, who is in a good way of recovery. I hope that that news will be pleasant for you, for the *entente cordiale* does not exist only between our two Governments. (Loud applause.) The *entente cordiale* has always been in existence between the homœopathic physicians of both countries; so I toast the Union and Prosperity of our two Societies.

After this Dr. Burford delivered an able oration on *Hahnemann as Philosopher and Man of Letters*, as follows:

To-night we have had raised for us the curtain of the eighteenth century, and seen the central figure of homœopathy as he lived and moved in that strenuous time. To-night

we have had the historian's light turned on this epoch-making personality, first as man and citizen, then as hygienist and sanitary reformer, again as scientific discoverer, and now it is my duty to present him as original thinker and man of letters.

{A great cause needs a great personality quite as much as a great principle. How many good causes, political and other, have had their clock put back by defaulting leaders? We in homœopathy have been particularly fortunate in great and distinctive personalities. In this country alone we may particularize Dudgeon and Hughes, present with us at the last Hahnemann Dinner; Drysdale, Rutherford Russell, and Quin of the old guard—all names and personalities of distinction and renown. But captain and chief of them all stands Samuel Hahnemann, the perpetual President of every homœopathic society and of every homœopathic meeting throughout the world, to whose memory and to whose good works we are met to pay homage to-night.

Now my contribution to the symposium is to make vivid the life history of Hahnemann as a Philosopher and Man of Letters. Hahnemann's work as a philosopher requires some definition of the title. Time was, not so very long ago, when *anything* pertaining to knowledge was called philosophical; we had philosophical Institutes by the score, and a barometer was called a philosophical instrument, and so also was a galvanic battery. The most curious survival of this is in the case of the Royal Society—an august and rigidly scientific body—which styles the record of its proceedings Philosophical Transactions. But we do not call this material philosophy nowadays: we call it science. On the other hand, there are certain Dryasdusts who deal solemnly with cosmological conceptions and ontological ideas, and whose talk is, as Carlyle said of Coleridge, mostly of the subjective and the objective. Well, Hahnemann contributed little to the cosmological conception or the ontological idea. But his part and lot in philosophy was of another type. Implicit and collateral, rather than direct and immediate, his contributions to philosophy involved questions of primary importance. Two specimens shall suffice. One of the first functions of philosophy is logic, and Hahnemann, in employing a strict logical process, contributed materially to the unifying work of philosophy as harmonizing human knowledge. Dr. Whewell tells us that why the Greeks failed in the advancement of knowledge was because their conceptions were not appropriate to the facts of the case. Now, the actual observation and repeated verification of the facts of the case

we call science, and it is laboratory work. But the perception of the meaning of things and the simplification of the problems of existence we may include under philosophy, and this is library work. And this part of philosophy was the one which corresponds to Hahnemann's philosophical work.

Now, Hahnemann adopted an entirely true method for getting at the facts of nature. He deliberately chose that form of logic called the deductive process for his special class of work. Up to his time the method had not been *seen* to be the only true and reliable instrument for getting at nature's meanings in medical matters. All kinds of substitutes have been devised and used for getting at these secrets of nature about the cure of disease. Hahnemann's genius *saw* that the whole must be divested of complications, which are food to the quibbler. Take remedies, said he; give them in health—the pure, uncomplicated state—see what they do, and you have a certain guide to their powers when one is sick. Now, some investigators give new remedies to persons who are sick, and draw their conclusions from the medley which follows. Others observe what happens with and what happens without the giving of a certain remedy in a certain kind of case, and then draw their conclusions as to its value. Hahnemann simplified the problem, eliminated the cross-currents of disease, and noted down the pure and uncomplicated symptoms following drug-giving in a healthy body. Here, said he, is the clear account of the powers of the remedy. And this is the strict homœopathic plan of trying or proving remedies.

So matters went on, till in the Victorian era there arose two massive logicians, Prof. Alex. Bain and John Stuart Mill. Both were struck with the sterility of non-homœopathic methods, and scanned with critical eyes the causes of the apparent arrest in progress. Bain criticized the apparent inability of medicine to get beyond empiricism—that is, that a remedy is “good for” a complaint, with no explanation of the reason. Until you do better than this, in substance he said, your progress must of necessity be very limited.

Mill's acumen went farther. He discussed the cause of the slow progress in medicine, and went carefully into the available methods of discovery. One common method he dismisses at once as giving “no conclusions of value.” Another specified method he says “is in these complicated cases out of the question.” And both he dismisses as “from the very nature of the case inefficient and illusory.”

Mill, however, goes farther. The proper method, said he, is the deductive method. “If we try experiments on a person in health to ascertain the laws of the action of a drug,

and then reason therefrom how it will act in a particular disease, this may be a really effective method—and this is deduction.” Could any words more aptly describe the process of Hahnemann—devised by him before logic had justified the plan? Mill, after surveying the field, enumerates the difficulties in enquiry, dismisses certain favourite methods as unsound, specifies and elaborates one method as peculiarly, or, as he calls it, “naturally,” fitting. And this, gentlemen, is exactly and precisely the method chosen and selected by Hahnemann for determining the curative power of remedies.

This is the chief, but not by any means the only important issue of Hahnemann’s philosophic frame of mind. To know the meaning of things was his desire. His receptive mind had assimilated the trend of philosophic thought of the day, and his main doctrine, a scientific one, received certain collateral support from current philosophical views. His observations and reflections led him to regard a vital force as the source of all the phenomena of life. Apart from the mere limitation of ideas due to the limited knowledge of his time, it is remarkable how again this doctrine of vitalism has come uppermost. In the last century it was thought to have been pulverized, smashed, and destroyed. Tyndall fulminated against it: “I see in matter,” said he, “the promise and potency of life.” Huxley was no less emphatic and definite in his own lucid style.

But the whirligig of time brings about its revenge; and now we have Sir J. Crichton Browne saying: “Physiology has in its materialistic fervour vaunted itself as having banished vitalism. In 1889 Sir J. B. Sanderson declared that the word vital as distinctive of physiological processes must now be abandoned altogether; but in view of recent researches I question if he would to-day repeat that statement.”

So much for Hahnemann as a philosopher.

Hahnemann was not only a man of science, but a man of letters. I do not mean he was a poet, or a literary critic, or a novelist, or a historian; but he was a scholar, and an essayist, and a linguist, and a journalist. His favourite residual occupation in earlier life was in translating textbooks and essays from English into German; we all know that the first germ of homœopathy sprang up during the translation of Cullen’s *Materia Medica*. From the French he translated, besides other books, a work issued by the Academy on the Art of Manufacturing Chemical Products. Add to these languages a mastership of Italian and Spanish, and it is evident how vast a range of contemporary literature lay at his command.

Hahnemann was no mere linguist: he was a scholar

also. Classical literature, whether Greek, or Latin, or even Arabic, bulked largely in his intellectual equipment. As a small boy of twelve he was engaged to teach the rudiments of Greek to his fellows. Haller's *Materia Medica* he translated from the Latin, and his Latin thesis was "On the Construction of the Human Hand." His intimate acquaintance with Arabic is evident from the quotations in his thesis on the "Hellebore of the Ancients"; and it is no wonder that Jean Paul Richter described him as "Hahnemann, that prodigy of philosophy and erudition."

All this must largely have contributed to the lucid and flexible style which have made his German works so easy to follow. His German writings are voluminous; but in the classical productions—the *Organon*, the *Materia Medica Pura*, the *Chronic Diseases*—while the various editions of these have been examined, compared, and collated throughout, there are no disputed passages, there are no locutions of doubtful interpretation. It is not necessary to hunt up First Folios to get rid of an impure text; and, least of all, to search for acrostics or anagrams in his capital letters or paragraph headings, which, judiciously arranged, would signify "Samuel Hahnemann, his Book"!

I have said Hahnemann was a scholar, and from all aspects of such an all-round, full-orbed culture he stands well furnished and complete. Add to the foregoing detail that early in life he classified and arranged a "matchless collection of ancient coins" for a Grand Seigneur, and catalogued a great private library of books and rare manuscripts for the same Mæcenas, and we have to re-echo Richter's summary of him as "that prodigy of philosophy and erudition."

Hahnemann, like all literary men of note, found irresistible attraction in the society and life of the great seats of learning; Leipzig, Dresden, and Paris successively opened their doors to him, and his intellectual acquirements and professional scholarship were undisputed. At Paris we find the great minister Guizot referring to him thus: "Hahnemann," said Guizot, "is a scholar of great merit." The picture of Hahnemann's life at Leipzig is well delineated by Baron Von Brunnow, and very forcibly reminds us of that vivid description by William Hepworth Dixon of the early life of another great German, Immanuel Kant, at Königsberg.

Besides translations, which were pretty numerous, and monographs on chemical subjects, such as arsenical poisoning and his new preparation of mercury, a veritable stream of medical works issued from his pen. Text-books and classics of homœopathic literature (stout, solid volumes of the German sort), essays on special subjects by the score, dissertations,

pamphlets, all taken together form a very respectable library of their own, not counting various editions with additions and alterations of the text. I have counted in his bibliography 114 separate works, from the five-volume text-book to the three-volume dictionary, the single volume translation, the 80-100 page dissertation, the fifteen-page essay.

I cannot leave this literary conspectus without alluding to Hahnemann's power as a controversialist. Verily he did not believe in making even literary war with kid gloves. With him the conduct of warfare, was the conduct of warfare. He did not leave his opponent until he had pulverized, smashed and destroyed him; and to slightly change a phrase, whom he would he slew, and whom he would he flayed alive. It was part of the literary amenities of those days; controversialists went for each other with a real Berserker spirit, thirsting for gore. Those who wish to see a specimen *in excelsis* will find it in the battle royal between Salmasius, Professor at the University of Leyden, and our own John Milton, where these two world-renowned writers banged each other with the licence of dock labourers. Echoes have come down to our own day, for we have excellent specimens of denunciatory controversy in Ruskin and again in Carlyle. It was, I say, the spirit of the times, and so when Hahnemann enters the lists in what appears a truculent mood, it must be remembered that he was scarcely living up to more illustrious example, and that a man who was hailed by his opponents as a murderer, a charlatan, and other flowers of rhetoric, could scarcely be expected to take it lying.

Finally, Hahnemann like all men of genius was not infallible. That the system was greater than the man, none would have been more quick to avow. This is the work of all interpreters of nature, that they go back to nature again and again for verification or correction, and put it in the way of others to do the same. Possibly Hahnemann did not, like Mill, actually "solicit contrary impressions," but he weighed the reasonable criticisms of his opponents, and rectified his statements according to the evidence open to him. He contributed a large mass of new facts to the world's knowledge, and thus left it to his followers to unceasingly compare the facts with the original, and in the same spirit to alter and amplify where necessary, ever adhering closely to the book of nature.

In this review of Hahnemann as a philosopher and a man of letters I fear that I have drifted into the style of a lay sermon. When I commenced my exercitation there was in my mind the injunction of the Apocrypha, "Let us now praise famous men." I trust that I have sufficiently justified Hahnemann's

position as a famous man, and therefore both you and I may well feel called upon to yield him an unstinted meed of praise.

Dr. Burford's oration was warmly received, with much applause.

A very delightful evening then came to a close at 11.30 p.m.

During the evening a number of interesting relics of Hahnemann were on view, and on the following day they were again exhibited at the London Homœopathic Hospital.

We offer our thanks to the Secretaries of the Society and to the Council, for permission to publish in our pages the several orations delivered on this occasion.

Greetings were also sent by Dr. W. Schwabe of Leipzig, who kindly lent for exhibition two of Hahnemann's medicine cases, with remedies prepared by his own hand, and some of the MS. of the "*Reine artzmittellehre*"; and by M. Ladislas Pietrozynski of Paris, who kindly lent a plaster cast of Hahnemann's hand, given to him by Madame Hahnemann, and a photograph of Hahnemann's tomb in Père la Chaise cemetery.

THE STANDARD AND HOMŒOPATHY.

In the *Standard* of April 6th the following appears:—

STRENGTH FROM ANTS.

THE STRANGE USES OF FORMIC ACID.

If the report of the tests made by Dr. Clement and Dr. Huchard be correct, it would seem that a thorough instruction in Jiu-jitsu and a few doses of formic acid would make us all combine the skill of Taro Miyake, the Japanese wrestler, and the strength of a Sandow.

These two doctors, it seems, have discovered that formic acid can increase the strength of people in an extraordinary manner. One delicate subject who could raise but a light weight was, after being experimented upon, able to lift five times the amount. Dr. Huchard's experiment upon himself is decidedly interesting. In two days, it is said, he doubled his strength, and in five days trebled it. To achieve this he had taken five grammes.

Formic acid is a colourless liquid found in the bodies of ants, in the hairs and other parts of certain caterpillars, and in nettles. It has a pungent smell, is highly corrosive, and may be prepared artificially in many different ways. Nettles, bees, and ants owe their stinging powers to the presence of the acid. Formic acid and all its salts are strong reducing

agents, and precipitate metal from solutions of gold, silver, and mercury salts. It is obtained in small quantities by the oxidation of a great number of organic substances. Formates of silver and lead are sparingly soluble; all the others are freely so. They are converted by heat into oxalates yielding pure hydrogen.

The following reply was sent by Messrs. E. Gould & Son, Ltd., and was inserted on April 17th.

STRENGTH FROM ANTS.

To the Editor of "The Standard."

SIR,—Will you allow us to point out that the newly "discovered" power of formic acid to increase the strength of "delicate subjects" has been known to homœopaths for a very long period.

This acid appears in the *British Homœopathic Pharmacopœia* (1870 and subsequent editions), and the condition which it produces in the healthy, and which indicates its homœopathic administration on the principle "Let likes be treated by likes" is given in Allen's *Encyclopædia of pure Materia Medica*, vol. iv. (1876) under "Formica" as follows, viz. "General weakness of the whole muscular system; the muscles feel as if paralysed. Very weak in the morning. Attacks of faintness, lasting some minutes at 8 p.m.; everything is black before the eyes; is compelled to sit down"; with many other symptoms pointing to the use of this remedy in debility.

Yours faithfully,

E. GOULD & SON, LTD.

59, MOORGATE STREET, CITY,

April 6th, 1905.

"OAT MALT STOUT."

THIS stout, brewed by Messrs. Ballard & Co., Ltd., of South-over, Lewes, Sussex, from "the finest oat malt and English malt" is an excellent drink for those who like stout, and for invalids for whom a sound and nutritious alcoholic beverage is advised. It is of particularly good flavour, and is not heavy, but the reverse. The official analyst to the Brewer's Exhibition, Mr. Matthew Cannon, speaks in highly commendatory terms of it, and his analysis shows that it is a pure, wholesome, and nutritious stimulant. It contains 2.43 of maltose and its acidity is only .12. We can heartily recommend it where indicated.

THE KING AND THE LONDON HOMŒOPATHIC HOSPITAL.

OUR readers will learn with pleasure and gratification that His Majesty the King has again graciously shown his interest in the London Homœopathic Hospital by sending a large parcel of cast linen to it. This is much appreciated at the Hospital, not only for the valuable material sent for use, but still more as an indication of His Majesty's estimation of the work done there. In the pheasant season His Majesty generously and graciously sent 12 brace of pheasants for the inmates of the Hospital. This we would have noticed at the time with grateful recognition, but we were not informed of the fact till quite recently. This is not the first time His Majesty has so acted, and all supporters of the Hospital will unite with us in grateful thanks to His Majesty.

OBITUARY.

GEORGE JOHN LOUGH, L.R.C.P.I., L.M.

WE much regret to have to announce that Dr. Lough was drowned at the end of March in Gailey Bay, Lough Rea, about nine miles from Athlone. He had been on a visit, and a fisherman servant crossed the lake to meet him on his return journey home. A severe hailstorm came on, and the boat capsized. Dr. Lough, we learn, who was an expert swimmer, swam for half an hour, but in the end sank. The fisherman was also drowned. The distressing occurrence was witnessed from the shore, but no assistance was possible. Dr. Lough was forty-five years of age, the son of a Methodist minister, and a cousin of Mr. Thomas Lough, M.P. He was educated at Trinity College, Dublin, and at Manchester. He practised for some years at Hastings, but gave up practice not long ago on account of his health, and retired to Derrydavagh Lodge, Newton Cashel, Co. Longford. We understand that he had so much recovered his health that he contemplated resuming practice, when this sad fatality occurred.

He took his medical diplomas in 1887.

Dr. Lough was much esteemed in his profession, and endeared himself to his patients and to all who knew him, and his retirement from ill-health was a matter of general regret and sympathy. When practising at Hastings, he held the office of surgeon to the Buchanan Hospital, and ophthalmic surgeon to the Hastings and St. Leonard's Homœopathic Dispensary.

He leaves a widow, to whom we offer our sincere sympathy.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 188 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Drs. NEATBY, BYRES MOIR, BURFORD, JOHNSTONE, ROBERSON DAY, EPPS, TYLER, Mr. DUDLEY WRIGHT, Mr. J. M. WYBORN, Mr. F. KING, Messrs. GOULD & SON (London); Dr. McLACHLAN (Oxford); Dr. C. W. HAYWARD (Liverpool).

. Mr. DUDLEY WRIGHT has removed from 55, Queen Anne Street, to Bentinck Mansions, Bentinck Street, W.

BOOKS RECEIVED.

Similia Similibus Curentur, etc. By George Burford, M.B., London: Gould & Son, 1905. *Annual Report of the Tunbridge Wells Homœopathic Hospital and Dispensary.* *Homœopathic World*, April. *Science Siftings*, April 8. *Indian Homœopathic Review*, Jan., Feb., and March. *Vaccination Inquirer*, April. *The People*, Calcutta, March 9. *Calcutta Journal of Medicine*, Feb. *Launceston Examiner*, Feb. 13. *New England Med. Gazette*, March. *Medical Brief*, April. *Homœopathic Recorder*, March and April. *Pacific Coast Journal of Homœopathy*, March. *Medical Times* (N.Y.) April. *Medical Century*, April. *Medical Advance*, March. *Homœopathic Envoy*, April. *Hahnemannian Monthly*, April. *American Physician*, April. *North American Journal of Homœopathy*, April. *The Doctor*, April. *Homœopathisch Maandblad*, April. *Allgemeine Homœopathische Zeitung*, March 30 and April 13. *L'Art Medical*, March. *Annaes de Medicina Homœopathica*, December.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOW NOT TO DO IT.

WHAT are the best methods for the propagation of homœopathy, is a frequent subject of discussion from time to time, with more or less advantage, and involving, more or less, differences of opinion. Whether it is best to teach its principles to young men who have recently obtained their medical diplomas, or to advanced students, by means of systematic courses of lectures, or by special lectures on special subjects, or by no lectures at all, but only by clinical demonstrations, is a question still remaining *sub judice*, both in this country and in America. Specially in Great Britain is there room for difference of opinion, when there is as yet no fully-equipped Homœopathic School or College having the power to give diplomas which shall legally enable the recipient to practise his profession in accordance with his principles and beliefs. Into this part of the question, however, we do not at present propose to enter, preferring to await developments and results obtainable by careful experiment in various methods, as adopted by the British Homœopathic Association.

But what we wish to speak of in these remarks is the literary side of the propaganda. Of the value of books, essays, papers, and recorded cases of cure, in explaining our principles and practice, there can be no difference of

opinion. The disappointing feature of all the labour bestowed in this direction is the difficulty of getting access to those whom we desire to influence. Our books and journals are not seen or read by the old school, and any article savouring of homœopathy openly, and advocating its principles, is refused admission into the old school periodicals, at least in this country. We are therefore obliged to keep pegging away in our journals, in hopes that what we there publish may hit the mark sometimes and produce the results we desire. This time is sure to arrive, and in full faith of it we continue to fight the battle of prejudice and ignorance, knowing that we shall reach our goal sooner or later.

But when we speak of fighting the battle, it behoves us to see that we fight with the right sort of weapons. Success is never won in war when one of the antagonists maintains a firm and intrenched attitude, and the other, instead of using every means in his power to attack and carry the intrenchments, flying his flag conspicuously, and making "no bones" of his intentions and aims, lowers or conceals his flag, for fear of irritating the enemy, and tries subterfuges or concessions with the view of lessening the determined attitude of his antagonist. In controversy, as in war, straight, hard hitting is by far the most successful line of tactics, and the enemy respects his opponent who shows his colours, who proves himself a soldier filled with zeal for the cause he supports and fights for, and who is not afraid to adopt every legitimate mode of warfare in order to gain a victory. Half measures are always failures. The only way is to fight to the death.

These remarks are elicited by the appearance of a paper in the *Medical Brief* of New York, of July, 1904, entitled "Summer Dysentery in Children," by M. W. VAN DENBURG, M.D., of Mount Vernon, New York. We may at once state that this Dr. VAN DENBURG is not the well-known Dr. VAN DENBURG of New York, but only his namesake. After describing the disorder, we have the following as to treatment:—

"Treatment consists in light feeding, but by no means starving; milk is allowable, if tolerated.

"I have found 'washing out the bowels' unnecessary, and often positively harmful, if indulged in more than

once or twice in twenty-four hours. Usually I do not advise it at all; in case of bad-smelling stools, it may be used very cautiously. Nature does not favour the entrance of even water from that end. *Mercurius corrosivus* is the remedy before all others for these cases. They are the 'fulminating cases,' intense, extreme:—

"R. Merc. Corros. 3x dilution, one-quarter drachm to one-half glass water.

"Dose, under six months, one-quarter teaspoonful; six to twelve months, one-half teaspoonful; over one year, two-thirds to one teaspoonful after each bad stool, if not oftener than one hour; one hour should be the limit of frequency of dose.

"The abdomen should be protected by at least one layer of flannel, or by a knit band. If the weather is very warm, take off outside clothing, but retain the band.

"As long as tenesmus, or blood, one or both, are present, continue medicine after each stool. When neither are present, the remedy ceases to be of value. Peptones used in moderation, and discontinued early as possible, are useful in some cases, but the stomach should be made to do its work as soon as may be. Remember these points:

"Bloody, slimy, frequent, painful stool, followed by continued straining.

"Prostration, restlessness, thirst, fever, vomiting, often persistent, sometimes very persistent.

"I would like to hear of any case like this, where *mercurius corrosivus* given as directed has failed to cure.

"For the benefit of those who may not be able to obtain readily the 3x dilution, I will say—it is one part by weight of pure corrosive sublimate to one thousand parts by weight of pure alcohol. The solution is stable, and will keep indefinitely."

Now, we ask, what is the good of this sort of thing? Any reader of the *Medical Brief* can see at a glance that DR. M. W. VAN DENBURG is a homœopath, or he would not speak of "*mercurius corrosivus*," or of the "3x dilution." Consequently, he reads it as such, and not as a contribution of an allopath who serves up cold the "tips" recommended by Drs. RINGER and BARTHOLOW, *et hoc genus omne*. He already knows these "tips," which are now largely adopted by the old school on the authority of these authors. But as coming from a homœopath, what is gained if the principle of similars is not openly upheld or even suggested as the *raison d'être* of such treatment,

or when no mention of the word homœopathy or of HAHNEMANN's name appears? In our opinion absolutely nothing. And not only is nothing gained, but homœopathy suffers a loss. Here is a man who has the chance of doing good to homœopathy by having his paper inserted in the *Medical Brief*, and who deliberately throws it away by making no allusion to homœopathy, to HAHNEMANN, or to the law of similars. Very probably, many of his readers who employ these "tips" are quite aware that they are unmitigated appropriations of homœopathic therapeutics, but, on the other hand, many perhaps, who do not think for themselves, are unaware of the source of such "new treatment." Had DR. M. W. VAN DENBURG pointed out that the successful treatment he advocates was an example of the law of similars, and that such medication is explicable on no other theory or principle than that of homœopathy, he might have done a vast amount of good, and substantially benefited the cause of the school to which he belongs. Instead of which, no allopath of honest judgment could possibly feel other than contempt for a writer who has not the courage to state his beliefs, and who conceals his true colours to the extent of ignoring any statement of his principles, or of the principle on which mercurius corrosivus is curative in dysentery. The fact of his using the words "mercurius corrosivus" and "3x dilution" only emphasises the cowardly position taken up.

It may be urged that if DR. VAN DENBURG had done as we think he ought to have done, his paper would not have been admitted into the *Medical Brief*. If this were so, he had much better not have had it inserted than have thus lowered his flag to no purpose. But the *Medical Brief* is an exceedingly liberal and broad-minded journal, and we have now and again seen with pleasure short articles by homœopaths published in it, in which homœopathy and the law of similars have been openly named and acknowledged. We have, therefore, no doubt that had DR. VAN DENBURG acted as we consider he should have done, the *Medical Brief* would have had no scruple in inserting the complete paper. We therefore look on the paper we are speaking of as a sad illustration of "How not to do it." Such tactics can do no good to homœopathy, or to any one, but can only arouse contempt for

the writer in the minds of right-thinking men of the old school.

We might have passed over this incident without notice, but it is the second time within a couple of years that this sort of thing has been done. In 1903, in our December issue we drew attention to a paper which appeared in the *Medical News* of New York on Tonsillitis, written by a well-known New York homœopathic physician, whose name we need not again give, and who, we thought, could not be the author of the paper, but that it was probably written by some pseudo-homœopath of the old school of the same name, who was "trying it on" to see how far he could safely go. For this assumption we were taken to task by the *Hahnemannian Monthly*, which, however, thought it best not to notice our reply to its castigation. In that paper the author spoke of giving aconite "in drop doses of a 10 per cent solution," and of belladonna "in a 1 per cent solution," and of "sulphide of calcium in $\frac{1}{100}$ grain doses," instead of saying aconite 1x, belladonna 2x, and hepar sulphuris 2x. He likewise quoted BARTHOLOW as his authority, instead of HAHNEMANN, and made no allusion to any *principle* on which his recommendations were based, nor any allusion to HAHNEMANN or homœopathy. No reader who did not know the author's name, or his position in regard to homœopathy and homœopathic journalism in New York, could have guessed that the writer was a homœopath, but that he only followed in the tail of BARTHOLOW. To be sure, DR. VAN DENBURG makes it clear that he is a homœopath by his use of the words "mercurius corrosivus" and "3x dilution," but that is the only difference between these two writers. Both are lamentable examples of "How not to do it."

We hope our colleagues across the water will not consider us impertinent in thus expressing our opinions, or that we are interfering unjustifiably with their views and methods, and should mind our own business. Far be it from us to seem to do so, or to lecture our good friends in America. We look on them as part with ourselves of a great and powerful body of medical reformers, who have the real interests of homœopathy at heart, and who, therefore,

wish to adopt every legitimate means to propagate the great truth we live to put in practice. We therefore speak from this broad platform, and conceive that what is good for the spread of the truth is good for it all over the world, and conversely, what is prejudicial to its advancement in one country is equally so in every other country. The best men make mistakes; but when the mistakes are made, it is our duty to homœopathy to point them out in order to prevent their repetition. And in doing this we trust our American colleagues will not misunderstand us, or misinterpret our aims. We, in fact, feel sure they will not, but rather back us up in emphasizing the views we have expressed.

In England we do not have the chance of making such a mistake, as none of the old school journals would admit a paper savouring so manifestly of homœopathy as either of the two we have noticed; but a quite analogous incident has recently occurred here. One of our *confrères*, who is a member of the British Medical Association, read a paper before the local branch, entitled "A Plea for the Larger Recognition of Method in Drug Prescribing." He kindly sent us the MS. of his paper before reading it, as it consisted largely of illustrations of the law of similars, quoted from the booklet issued by the British Homœopathic Association, entitled *The Permeation of Present Day Medicine by Homœopathy*. In this paper our colleague made no allusion to homœopathy as such, or by name, nor did he enunciate in so many words the principle on which he supported the treatment suggested. He was known by the members of the Branch Association as a homœopath, but he deemed it the best tactics not to say that a spade is a spade, but to attempt to take his hearers by guile, and bring them to the point before they knew where they were. Knowing that he was known as a homœopath, he did not seem to think that they would at once smell a rat, and be on the alert for what they would naturally expect under the circumstances. He informs us that the conclusion of the paper was followed by absolute silence. It is for any one to judge for himself what was the meaning of this silence. Probably the audience, seeing clearly what the intention of the paper was, were chary of tackling the subject, and no one cared to initiate any discussion. But

the fact of the unanimous silence is enough. We think it would have been much more tactical and successful if our colleague had, with the knowledge of his being a homœopath, taken the bull by the horns, and fearlessly ascribed his indebtedness to HAHNEMANN for the enunciation of the great law of similars, and at the same time had fully explained the law and its consequent small dosage. But he thought otherwise, and, we think, missed a unique opportunity, to our great regret. The *British Medical Journal*, in reporting the meeting, said that "He (the reader of the paper) advocated the dosage of homœopathy, taking such drugs as quinine, arsenic, cantharides, antimony, belladonna, and ergot as his examples of the value of small doses." Such a report is natural and justifiable under the circumstances. If the play of Hamlet is given without the Prince of Denmark in it, the audience takes it as it is, but if our colleague had taken the position we should have liked him to adopt, such a report could not have appeared.

No cause which is advocated by a minority who are sure of their ground, and firmly believe they have the truth on their side, has ever succeeded when such half-hearted advocacy as in the cases we have cited is adopted. Those who have won success in any disputed question, and brought their opponents round by degrees to their views, have invariably spoken out straight, refused to resort to unworthy concessions or compromises, called a spade a spade, and so demonstrated to all that they insist on having "the truth, the whole truth, and nothing but the truth" recognized and adopted. They may be called faddists or cranks, but straightforward and fearless advocacy of the truth coming from men who show their honesty of purpose, and their firm belief in what they preach, invariably meets with respect and ultimate success. And so it will be with homœopathy.

SALE OF WORK AND GARDEN FÊTE IN AID OF THE LONDON HOMŒOPATHIC HOSPITAL.

WE have much pleasure in drawing our readers' attention to the Sale of Work and Garden Fête in aid of the debt on the London Homœopathic Hospital, which has been organized by the Ladies' Guild. It is to be held at 11,

Kensington Palace Gardens, W., by the kind permission of Mr. R. W. Perks, M.P., and Mrs. Perks, on Thursday, June 8th, from 2.30 to 10 o'clock, under very distinguished patronage. The Countess Cawdor, President of the Ladies' Guild, has kindly promised to open the Sale of Work at 3 o'clock. The various stalls will be under the charge of the Ladies of the Guild, each stall representing one of the branches of the Guild, and they will be placed in-doors, so that the Sale of Work will not be interrupted by any possibility of adverse weather. Tea will be served in the garden, if the day is fine enough. The various articles on the stalls will appeal specially to the ladies, while the "mere man" will possibly find comfort when he learns that a stall exists at which cigars and cigarettes, as well as flowers may be obtained, and where these temptations will be engineered by young ladies. Musical and other entertainments will go on all afternoon and evening. Mr. and Mrs. Perks' beautiful house and grounds, which they have so kindly lent for the occasion, are an attraction in themselves. The price of the admission ticket is 2s. 6d. This may be had on the day, or before, at 11, Kensington Palace Gardens; from any of the Hon. Secretaries of the Ladies' Guild; or from Mr. Attwood, the acting secretary of the Homœopathic Hospital. We trust that all friends of the cause will make a point of going to the Fête and Sale of Work, and of supporting this effort on the part of the Ladies' Guild to help the Hospital in its present financial crisis.

A VERY RARE CASE OF
SIMULTANEOUS CONCEPTION AND GESTATION
IN EACH FALLOPIAN TUBE; INTRA-PERITONEAL
HÆMORRHAGE; OPERATION; RECOVERY.

By ARTHUR G. SANDBERG, M.D.,

and

GEORGE BURFORD, M.B.,

Senior Physician for Diseases of Women to the London Homœopathic Hospital.

AT a meeting of the Vienna Obstetrical Society, held this year, and reported in the *Centralblatt für Gynækologie*, Professor Schauta, one of the Professors of Gynæcology in the University, read a paper dealing with the

varieties of tubal gestation. After enumerating others, he came to that form of twin gestation where there is simultaneous conception in both Fallopian tubes, and characterized this condition as of extreme rarity, only four recorded cases occurring in literature. Professor Weinlechner during the discussion gave an account of a fifth specimen of the kind.

The ensuing history gives the detail of a sixth of these most uncommon cases. This occurred in our experience during the past year, and the clinical and pathological interest attaching to the case, no less than the satisfactory operative issue, require especial notice.

Dr. Arthur Sandberg, of Streatham, on November 28th of last year, referred to Dr. Burford a patient for confirmatory opinion, and if necessary, operative relief also, in whom he had diagnosed the condition of extra-uterine gestation.

The patient was 33 years old, married, and with the following clinical history. Twelve years previously she had had a normal confinement; two years later a premature delivery with adherent placenta. Since this time various miscarriages had occurred, the latest some three years prior to date; during the interval the period had been perfectly regular up to September 7th, 1904, when the last normal menstruation occurred.

The October period was missed, and during November persistent vaginal hæmorrhage, now darker and now brighter in tint, appeared. During this month also, more or less constant abdominal-pelvic pain, sometimes with acute exacerbations, complicated the hæmorrhage. There were no definite crises of collapse, nor had any shreds or membrane been noticed in the vaginal flux.

The physical finding was in keeping with the clinical history. The lower abdomen was not distended, but somewhat tender and resistant on pressure. There were irregular areas of dulness on percussion, but no distinct and delimitable space where the resonant note was wanting. *Per vaginam* the uterus was enlarged as in chronic subinvolution, was pushed over to the right side, and in the left *cul de sac* there was demonstrable a diffused inelastic effusion-mass, extending behind the uterus and to the right of this organ.

The diagnosis was confirmatory of Dr. Sandberg's view of extra-uterine gestation: and the patient was forthwith

admitted under Dr. Burford's care in hospital on the same day. The ensuing evening, while in bed, she suddenly developed acute symptoms of internal hæmorrhage; and so soon as the requisite preparations were completed, abdominal section was performed by Dr. Burford. This was at 10.0 p.m. Dr. Roberson Day anæsthetized, Dr. Neatby (in the unavoidable absence of Dr. Johnstone) assisted, and Dr. Granville Hey conducted intra-venous transfusion to the extent of $2\frac{1}{2}$ pints during the operation.

On dividing the peritoneum, only a small quantity of blood-clot was exposed to view; the pelvis was roofed over by adherent omentum and intestines. Breaking through this barrier a mass of clot was removed from below, and a quantity of fluid blood sponged away. The left side of the pelvic cavity contained an adherent mass, about the size of an orange, which was enucleated with difficulty. This was the gestation sac, with adherent clot, and perpending from it was a foetus still alive. Further search revealed a tubal swelling of less dimension and of firmer consistence on the right side, which on removal proved to be another gestation sac, with another foetus plainly visible. The most recent hæmorrhage had been from the left side.

Operation was completed in the usual way; the simultaneous conduct of transfusion effectually obviated shock from combined hæmorrhage and surgical stress, and the patient made an excellent recovery. One of us has seen her again quite recently, and learns that the period has returned in normal wise at normal time. Local examination revealed no point of moment.

The specimens removed were carefully preserved, and submitted in the first place to the Clinical Research authorities for detailed examination. They report that:—

“These specimens consist of the parts removed by operation, and obviously represent two ectopic gestation sacs with contained foetuses. The right sac consists of the very much thinned out Fallopian tube with the gestation sac in its ampullary extremity. The tube wall itself is thinned out until it measures about $\cdot 5$ to 1 millimetre in thickness, but is everywhere lined by a considerable layer of blood clot. The tubal sac measures 4 cm. at its widest part, and is filled up with blood clot to the extent of about two-thirds of this measurement. The rest of the sac is occupied by the foetus. The fimbriated extremity of the right tube

is opened up, and the opening measures about 8 mm. in the preserved specimen. The uterine extremity as such cannot be recognized. Near the fimbriated extremity the ovary of this side is firmly adherent, and contains a recent corpus luteum, which can be seen in the section of the sac. From this description it will appear that the specimen represents a tubal pregnancy which has been converted into a mole by hæmorrhage, and that probably hæmorrhage has also occurred into the peritoneum through the open fimbriated extremity. The foetus in this right sac measures 38 mm. from the top of the head to the lowest point of the breech.

The specimen removed from the left side has much the same character, but only a few thinned out portions of the tube remain attached to it. It is a tubal mole measuring 4 cm. in breadth by 5½ cm. in length, contains more than half its dimensions of blood clot and obvious chorionic villi, the rest of the sac containing the foetus. The foetus in this sac measures 41 mm. in length from the top of the head to the lowest point of the breech.

From the measurements of the foetuses of the two sides, 38 and 41 mm. respectively, it would seem that they must be of approximately the same period of growth, and if not actually conceived at the same time must have been very nearly so. The ages of the foetuses correspond approximately to eight weeks.

The smaller foetus is very macerated, and so may be regarded as having been at one time more nearly the same size as the larger one, which is quite well preserved."

On receiving this confirmatory report, and recognizing the extraordinary rarity of the specimen, Dr. Burford submitted it to Mr. Bland Sutton for independent verification. Mr. Bland Sutton, the greatest British authority on this question, is of opinion that, *prima facie*, the evidence as to the practically simultaneous conception and gestation in each Fallopian tube is satisfactory, and that the appearances of the preserved parts justify the interpretation put upon them; and he is further of opinion that the specimen is of sufficient value to deserve especial preservation.

We are very glad that Great Britain, and the London Homœopathic Hospital, have added a sixth to Professor Schauta's list of these cases of extraordinary rarity.

"POST" OR "PROPTER"?

A SERIES OF GYNÆCOLOGICAL CASES FROM THE OUT-PATIENT DEPARTMENT OF THE LONDON HOMŒOPATHIC HOSPITAL.

By MARGARET L. TYLER, M.D., AND
EDWIN A. NEATBY, M.D.

(Continued from page 272.)

CASE 4.—Case of *menorrhagia*, and *pain L. groin*.
Thuja 30.

E—M—, age 31; M. 12 years.

Nov. 16, 1904.—Comes for pain L. side abdomen (groin). Period every three weeks; lasts a week (18–24 diapers); recurs at three weeks, never a month. Flow red, or pale, or clotted; "no two periods alike." Pain before, with, and after period for some years, < last few months (heavy, dull pain L. groin, > pressure, sometimes bad enough to wake her). Sacral backache. A good deal of white leuc. Urine + by day. *History*: Rheumatism, vomiting, measles, wh. cough, chicken-pox; three vaccinations.

Exam.: Soft swelling behind uterus, felt best from rectum. Uterus retroverted (cervix low, hard, points straight down). *Thuja* 30, mij M. et N.

Nov. 30.—Less pain at period and apart from it. Urine was thick, now clear. *Rep.*

April 5, 1905.—Has been very much better in all ways. Discharge better. Period monthly now, lasts two or three days; no pain with it. (Patient comes up now for hernia and for cough, for which she is under treatment.)

CASE 5.—Case of *menorrhagia*. *Bursa past.* 30.

A—V—, age 35, married.

Sept. 7, 1904.—Comes up for excessive menstruation since last May. One confinement, good, twelve years ago.

Has been losing for seventeen days a large quantity; sometimes bright, sometimes dark. *Exam.*: Uterus forward, normal; ovaries in normal situation. *Hydrastinin* (*Merck.*) 2x, gr. ij t.d.s.

Sept. 14.—Period not stopped, or only for a few hours. Losing less, darker. *Quin. nit.* 1x, mij; *secale φ*, mij (alt. two-hourly).

Sept. 21.—Only stops a few hours. Patient wants to cry; feels cross. "Once, when teeth pulled out, nearly bled to death." *Bursa past.* 30, mij t.d.s.

Sept. 28.—Period stopped on 25th. *Patient had been bleeding five weeks.* Feels less cross. *Rep. bursa past.*

Oct. 19.—Slight show on Sept. 28, and again on the Saturday following; none since. Some days feels on edge—can't bear anyone near. *Sac lac.*

Nov. 2.—Better. Cat. normal, four days only. *Sulph.* 200, *mij*, one dose only. *Sac lac.*

Nov. 29.—The last period began on Thursday and stopped the Monday morning following.

CASE 6.—A case of *dysmenorrhœa*. (*Sulphur and bryonia*.)

A—S—, age 21, single.

Feb. 19, 1904.—"Suffers such terrible pains when unwell," and vomits. F. H. of phthisis. Illnesses: Measles; diphtheria, "slight touch of"; always very weak; used to be anæmic; dyspepsia.

Period lasts six or seven days. Has been losing a great deal for the last five or six months, since when pains are worse. (Colour, dark; small clots.) The pain lasts three or four days *during* the period. Pain is chiefly at right side of abd., but seems to draw the two sides in—to draw them together; it is of "a gnawing and dragging" character, "as if everything would be dragged out of her." She has sickness the first day of the period. After the pain she is so weak she can scarcely crawl about. Knees weak before and during period. Some yellow leuc. Cold feeling at bottom of spine before and during period. Breasts very sore fourteen days before period; soreness relieved by period. Urine, sometimes thick sediment. Used to have indigestion; a doctor cured her of that; since then she has suffered menstrually. Very costive, always. Looks well. *Sulph.* 30, *mij* nocte. *Sac lac.*

March 11.—Not so much pain this time; breasts not sore at all. *Rep.*

April 15.—Period a fortnight late. Generally flows only by day, not by night. *Lil tigr.* 30, *mij* nocte. *Sac lac.* bis.

May 13.—Last period ten days ago (six or seven diapers). Missed one period, due to cold. Much pain this time, c. soreness in breasts. Constipation, with large, hard, painful motion. *Bry.* 3 six-hourly.

June 3.—Period a week too soon; v. scanty. Bowels better. *Bry.* 12, *mij* t.d.s.

June 24.—Feels V.M.B. No pain or sickness whatever.

July 29.—Feeling V.M.B. No pain or sickness with last period. Last period reg. to the day. Still anæmic. *Ferr. protoz.*

CASE 7.—Case of *pelvic pain*, etc. *Bryonia* and *Thuja* 30.

M—TH——. age 23. Married 2 years.

May 27, 1904.—Comes for "pins and needles" all up back; pain left ilium; morning sickness directly she walks about. Was always well till confinement fourteen months ago; this was easy and quick, and puerperium fourteen days. (Pain is in left ilium, comes to midline in front; also all up back;—"cutting pain" in ilium, "pins and needles" in back). Nervous; depressed; losing flesh.

Exam.: Pelvis perfectly healthy; right kidney prolapsed. To have a belt for kidney. *Bry.* 3, etc., till—

Jan. 7.—Very much better.

Jan. 26.—Comes up again. Says period is excessive (10 diapers). Sacral backache, "can hardly walk." Cold chills (fourteen days) "run all over her"; can't get warm. Twice vaccinated; it "took" only once, the other "went inwardly, and did not take properly." Can't go to sleep; dreams much. Pain over left eye; if she moves, it shoots all over her head. *Thuja* 30, *mij mane*; *sac. lac. nocte*.

Feb. 17.—Much better. *Rep.*

April 7.—Absolutely all symptoms cleared up. Period normal.

CASE 8.—A case of *Chronic Mastitis*. *Kali iod.* 6.

E—C——, age 21. Single.

Jan. 14, 1904.—Comes up for "lump" in breast; has had it for five months. No especial history or symptoms. Diagnosis: *chronic mastitis*. *Sulph.* 12.

Jan. 27.—Still has pricking pain in left breast. *Kali iod.* 6, *mij t.d.s.*

Feb. 27.—"Ever so much better." *Rep.* March—

April.—Much better. *Rep.*

May 11.—Well.

CASE 9.—Case of *cyst of left breast*. *Carunde*. *Chronic phthisis*.

E—E——, age 45. Married 21 years.

Feb. 10, 1904.—Comes for "lump in breast," noticed three months, and for cough. *Family History*: Maternal grandmother died of phthisis; sister had "tumour" in womb; father died of "cancer in bladder." *Previous illnesses*: Rheumatic fever at 15 and at 30; pleurisy; lump in breast 3 months, with shooting and throbbing pain. Is losing flesh.

Exam.: Cyst-adenoma of left breast, very hard, adherent to nipple, but otherwise freely moveable; size of a small walnut. Lungs have thickened and adherent pleura; old scar of empyema; chronic bronchitis and fibroid changes. Lateral curvature of spine. Very thin, almost emaciated. *Phyto. φ.*

Feb. 24.—Feels better. Lump almost disappeared. *Rep.*

March 9.—Cyst no bigger than when last seen, but a dragging pain in axilla, getting worse. A small gland can be felt high in axilla. *Sac. lac.*

March 23.—*Phyto 12.* *April 6.*—Slight burning pain. Lump nearly gone. Right foot and ankle swell. *Rep.*

April 20.—Foot better. Pressure in head "as if forehead coming out." Bowels costive; tongue clean. *Bry. 3 2hly.*

July 6.—Pain again, especially about chest. Lump a little bigger. *Tub. 200* mij weekly; *Phyto 12* mij *t.d.s.*

July 27.—"Thinks breast better"; "lump gone." Very little pain. *Rep.*

Sept. 7.—Says "lump quite gone." Complains of a burning sensation which goes from breast to throat and down arm; slight cough and choking sensation. Costive; tongue slightly furred. Still losing flesh; pressure in forehead. *Urethral caruncle.* *Thuja 30* mij *mane.* *Bell. 30* mij *nocte.* (? caruncle painted with thuja).

Oct. 5.—Better. Pain of caruncle much better. Lump in breast hardly feelable. *Rep.*

Dec. 7.—Has had bronchitis. Caruncle "was well," now worse again. Cyst gone. *Tub 200 weekly*; *Bry. 12* mij *t.d.s.*

Feb. 8.—Complains of chest, and wants caruncle repainted (*Thuja φ*). Caruncle not red now, but there is a discharge from urethral orifice; it has been hurting more lately. *Tub. 200 weekly.* *Silicea 30,* mij *bis.*

March 1.—Chest better. *Rep.*

March 22.—Better, but breast rather sore. *Looks quite fat and of good healthy colour. Caruncle much better. Rep.*

April 18.—A little bluish look, where caruncle was. Breast quite well. Patient looks well.

CASE 10.—A case of *Hæmorrhoids*. (*Hamamelis* 12, and externally ϕ).

F—S—, age 63. Phthisical family history.

Dec. 2, 1904.—"Has had piles badly; they came down on Monday (five days ago) and have not gone back; they bleed very much; sometimes water comes away and not blood."

On *exam.*, a gangrenous hæmorrhoidal mass was found protruding from the anus. The odour was very offensive. This was reduced. *Ham. 12, mij t.d.s. Lotio hamamelidis* to apply on a bit of rag (left in contact all night). And (to bathe the part) *lot. hyd. perchlor.*

Dec. 16.—Much better. On examination, no trace of piles; rectum and anus appeared to be normal. (Patient has not since been seen).

CASE 11.—*Amenorrhœa*: *Silicea* 12. *Pyrogen* 6.

E—F—, age 28. Single.

April 13, 1904.—Comes up for irregular periods. Caught a cold six months ago, from getting wet, and has only seen period twice since. (Last period Feb. 21, very scanty, lasted three days).

Patient has a large swelling, glandular, at the left side of the neck, evidently suppurating. She prefers not to have it opened.

Exam.: Cervix dragged over to left side; uterus retroverted and lying far back. *Silicea* 30, *mij t.d.s. Pyrogen* 6 *mij nocte.*

April 26.—"Feels much better." Swelling (in neck) less. *Period has come on.*

May 11.—Gland is discharging. *Rep.*

May 25.—Wound still open; swelling less; *period has recurred.*

Jan. 18, 1905.—*Period has remained quite regular.* (Still under treatment for neck)

It is difficult, in the rush of out-patient work, to remember to make adequate note of the reasons which prompt the administration of a given remedy. It may often happen that at the last question an answer is given which settles the doubt in the mind of the prescriber, who merely scribbles down his prescription and hurries on to the next case. We notice with regret in re-reading our hurried and often meagre notes that it is not easy always to judge from them on what precise indication the drug was prescribed.

The only way which occurs to us of, at least in part, remedying this deficiency, is to give the indications which usually guide us in the selection of some of the remedies most frequently used in the series of cases which we present to the readers of the *Monthly Homœopathic Review*.

Thuja occidentalis.—This drug is mostly given by us on the somewhat unsafe and uncertain theoretical ground of a supposed "sycosis" or "vaccinosis." This is a method which has little but the example of our able therapeutic ancestors to recommend it. That little, however, must serve as our justification, coupled with the sometimes desperate plea of lack of time. There are, however, certain fairly well defined symptomatic or constitutional indications for this valuable drug; a drug which to our thinking is deserving of wider usage than it receives. It is a drug which would assuredly repay a careful and scientific re-proving.

The skin indications for thuja, if present, are dryness and fine scaliness, with or without alopecia; the nails tend to become thin, dry, and brittle; and warty growths, especially if near any of the orifices, and, most of all, if near the anus or vulva, suggest thuja.

In headaches thuja reminds one of ignatia, its pain being in a small spot (worse on the left side), compared to a nail or a button pressing; or there may be shooting pain, beginning in the front and extending to the back of the head, contrasting here with silicea and spigelia. Thuja has a silicea symptom in this situation, namely, "likes to have the head wrapped up"—a useful clinical guide in many forms of pain.

In the mental sphere "hurriedness" is conspicuous, and the emotional symptom, "music causes weeping," resembles natrum mur.

Discharges occur from various mucous surfaces, not always acid; excoriations of nostrils, of vulva, and soreness around anus are found, calling to mind nitric acid, which has also the warty growths. Other symptoms in the genito-urinary sphere are urethral discharge, frequent micturition, escape of urine during coughing. The frequent micturition is said to be more noticed during the presence of pain, but we cannot recall having verified this statement. Thuja must be classed amongst the "left-sided remedies"; it has pain in the left iliac region (so-called ovarian pain), extending down the thigh, made worse by riding in a carriage (that is, by jolting) and by walking. The throat feels raw, and swallowing is painful, especially empty swallowing (compare lachesis); the vagina feels raw and sensitive to touch—hence dyspareunia.

In the digestive system, in addition to the symptoms already mentioned, there are flatulence and borborygmi, a feeling of movement in the abdomen, caused by irregular peristalsis. Associated with leucorrhœal discharge there may be rheumatic articular pains resembling gonorrhœal rheumatism in being aggravated by the warmth of bed. This is, of course, an interesting and striking "sycotic" symptom. All the other pains are worse from cold, especially cold and wet, and the patient is chilly. The stools may be loose and forcibly expelled with gas, or, oftener, in chronic cases, hard and difficult to pass; the patients have a feeling there (resembling silicea) of something left behind, which feeling is paralleled in the urethra by the sensation of more passing along the urethra after micturition is supposed to have ceased. Menstruation is early, but it may be either profuse or scanty. There is a pain in the vulva and perinæum resembling coccydinia; it is worse as the patient is rising from sitting.

Sulphur.—The indications to which we trust are the usual well-known ones. Leaving aside for the moment careful symptomatology, the empirical use of sulphur as an alterative or "an absorbent" (replacing the iodide of potassium and the mercury of the orthodox school) is seldom fruitless. In aiding the absorption of inflammatory deposits it follows *hepar*, and is on a par with *silicea*, from which it is distinguished by fairly definite indications. It is thus a great pelvic remedy, for a large number of our cases are some form of pelvic inflammation, with or without cellulitis. Its usefulness in cases where apparently

well-chosen remedies fail to act would seem to bear out Hahnemann's doctrine of an underlying dyscrasia; sulphur was his great anti-psoric. Whether or not there be any truth in "orificial philosophy" in the surgical sense its upholders maintain, there is at least a great deal of orificial pathology—anal, vulvar, nasal, buccal—represented in our out-patient department. Many cases, as we have seen, call for *thuja*. The sulphur cases are prone to have red orifices and burning pains; the burning pains are deep-seated or internal, as well as orificial. Burning feet at night, preventing sleep, is a great indication.

Sulphur has flushes like *lachesis*, but ending up with slight perspiration, like *phosphorus*. It has also a sinking in the epigastrium in the middle of the morning, when the food has passed out of the stomach, like *sepia*. The prevailing state of the bowels is constipation, with piles and ineffectual urging, like *nux vomica*; but urgent early morning diarrhoea may be present instead of (or alternating with) the other state, recalling *aloes*, *podoph.*, and *nuphar*, etc.

As regards menstruation, the indications are not very marked; the periods may be either profuse or scanty, early or late; the blood may be pale or dark. Both menstrual and leucorrhœal discharges are acrid, causing itching, burning, and smarting, worse at night.

Some mental symptoms are "always in a hurry," like *arsenicum*, *argentum nit.*, *thuja*, and *lilium*; religious melancholy, like *aurum*; and illusions of exaltation. The tongue has red tip and edges, and the throat is dry, or has the feeling of a hair in it or at the back of the tongue, like *sil.* or *natr. mur.*

While the *calcareæ* patient is fat and flabby, the sulphur patient is tall, thin, and stooping. The stooping position goes with imperfect chest expansion, imperfect chest expansion with imperfect metabolism, accompanied with many of the sulphur symptoms.

The skin conditions requiring sulph. are too well known to need elaboration. In a difficult case it is always necessary to enquire for past eruptions, discharges, or perspirations, and the manner of their disappearance.

Lilium tigrinum is a drug with a much less wide range of action than the two we have just noticed, but its sphere is well-defined and important. It resembles *thuja* in

being a left-sided "ovarian" remedy, with pain extending down the thigh; the pain may be on both sides, however. It is associated often with pain in the left mamma (compare *murex*, which has associated right iliac and left mammary pain). The menstruation of *murex* is plus and bright; that of *lilium* is scanty, dark, and offensive. The leucorrhœa is mucous or blood-stained, acrid, and offensive. The sensation of "bearing down" in its most acute form is produced by *lilium*, recalling *sepia*, *murex*, *podoph.*, and *helonias*. Patients sometimes describe this aggressive sensation as a feeling "as if the inside were being dragged out." A frequent or constant desire to pass urine, with dysuria, is a leading indication when associated with the bearing-down just alluded to. The feeling even extends to the rectum, where it is represented by a straining. Palpitation, with the sensation as if the heart were grasped by a hand, is a less commonly met with symptom.

Calcarea carb.—The well-known conditions of childhood calling for this remedy do not require recapitulation here. The fair, fat, and flabby type of subject, whether child or adult, favours the choice of *calcarea*. In a gynecological case, premature and profuse menstruation, especially of bright blood, calls for *calcarea*. If the period is liable, after ceasing, to be re-induced by sudden emotions, bad news, etc., *calcarea* is additionally indicated. Young students with menorrhagia of the above type are often greatly assisted by this drug; from excessive sitting they are liable to have the typical cold, damp feet; both feet and hands are liable to perspire. The axillary sweat of strong odour points to sulphur, however. The same poor circulation causes also sensitiveness to cold and draughts—a condition common to many patients and several drugs. The leucorrhœa of *calcarea* is bland. Sleep is better in the early part of the night, and disturbed after 3.0 a.m., in this resembling *nux vomica*.

Bryonia does not figure very largely as a gynecological remedy. But the last of the cases narrated shows two symptoms which not uncommonly call for its exhibition; they are soreness of the breasts, especially before and at the menstrual period, and the dry, hard stool, as if burnt. This dry evacuation (often bruising the anus as it passes) is very characteristic, but it must not be forgotten that this drug is a drastic

purgative in large doses, and that it is capable of setting up peritonitis and enteritis. For this form of diarrhoea, especially in the summer, it is very useful, and in these cases seems to act better in the low dilutions. Tenderness of the abdomen to touch may be present, and right-sided pain described as ovarian is important. The feeling is a bruised and sore spot deep in the right iliac region. This pain, though persisting while the patient is at rest, has the usual bryonia aggravation from movement. The bryonia headache or indigestion may often prove the clue to the remedy.

Hamamelis.—Hamamelis, of course, is a very great vein medicine. Burnett says, "It stands *facile princeps* at the head of them all." It has been called the "Aconite of the Veins." Its chief guiding symptom is SORENESS OF VEINS (When locally applied it has been known to cause phlebitis). Another cry of nature for hamamelis is, "MY BACK FEELS AS IF IT WOULD BREAK."

The external use of hamamelis for hæmorrhoidal masses is one of Burnett's pet "wrinkles." He says:—

"Let us remember that we have to deal with venous stasis for the most part hypostatic, and a resultant hyperplasia of circumjacent tissues; this goes on till a tumour is there, and *this tumid mass lies practically without the organism*, to a large extent, and hence it is not reasonable to expect to affect it very radically from within, *alone*. . . My very successful plan is simply this: Add as much water as needful to a few drops of *Hamam. v. φ*. Then take a piece of lint of convenient size and dip it into the hamamelis solution, and let it become thoroughly saturated therewith; then, on getting into bed, the patient is directed to place it on the tumour, or just within the anal orifice, *and leave it there all night*. This leaving it there all night is of the greatest importance, and has helped me to cure cases that had baffled some of our best men." Our hamamelis case here reported is almost a repetition of one of Dr. Burnett's ("Diseases of Veins"), only our patient, having a monthly card, of which but a fortnight had expired, came back and so allowed us to see the result of the prescription; whereas Dr. Burnett only learnt his good result from accidentally meeting his patient in the street some six weeks later. Alas! it is often only one's *bad* prescriptions that "like curses and chickens come home to roost." The very

best one never hears of again. And naturally—patients come to us, in simple faith, *to be cured*. If we cure them, what of that?—we are but “unprofitable servants; we have done that which was our duty to do.”

Kali iod.—This most important medicine has been a little fought shy of by homœopaths, and for a poor reason; because allopaths have much used it, and abused it. The allopathic motto, in all obscure and difficult cases, being:—

If buckets of pot. iod. won't cure,
There's nothing else to be done—*we're sure!*

Well, of course, such a reason for neglect of a drug is not scientific medicine! Another plea advanced against kali iod. is, that kali carb. has been so much better proved; again, hardly worthy of the professors of scientific medicine! And homœopaths not only fight shy of the drug, but occasionally, in desperation, pour it in (guiltily, as it were) if not, *more allopathico*, in bucketfuls, yet, at least, in thimblefuls.

And yet, what a drug! See what even the allopaths can do with it, without any scientific reason for its use or guide to its employment, but merely on an accidentally-discovered specific action. It is one of the drugs that actually causes tumours to disappear—tumours of a specific kind, at any rate. And *it is absolutely homœopathic to the diseases it cures*—like ALL the drugs that do any definite curative work in allopathic hands. Dr. Norman Walker (*Dermatology*) says, “In rare cases the lesions produced (by pot. iod.) are at first solid, and later break down in a manner so similar to the gumma, that one or two patients have been dosed into their graves by the pushing of the very drug which was the original cause of their trouble. In others, large solid tumours have developed, and cases of iodide eruption have been diagnosed as cases of malignant disease, or even as leprosy.” He speaks of *iodic purpura*—*papular erythema*—*acne*; and especially a *bullous eruption resembling pemphigus*.

But there are other homœopaths, more hopelessly steeped in the Hahnemannian spirit, who recognize that any drug that cures for an allopath cures by unconscious homœopathy; and remembering that drugs do not lose in power by “potentizing,” they get in their kali iod. 12-30-200, and sometimes with rather startling results.

Burnett said to the writer, "Never use it lower than 6." Dr. Clarke says, "I rarely use it lower than 30." Dr. Cooper did some fine work with it in the 30. Dr. Nash talks about the 200, as do other less prominent workers in the field, with certainly no diminution of result! The drug appears to be almost a specific for chronic interstitial mastitis, characterized by extreme tenderness and intolerance of any pressure. This is always worse for the ten days preceding the period; and better, each time, directly this is established.

CASES OF COMMON RINGWORM CURED BY CONSTITUTIONAL TREATMENT ALONE.¹

By THOMAS SKINNER, M.D.

At a boarding school for young ladies, in one of the healthiest neighbourhoods of Liverpool, something very like an epidemic of ringworm made its appearance, to the great disquietude of the lady superintendent. The local medical man (an allopath of considerable experience) was called in, and he gave the usual full and particular directions about diet, cleanliness, fresh air, exercise, and the great necessity of isolation in order to prevent extension. In spite of all his directions, dietetical, regiminal, and medicinal, the mischief was not only unchecked, but it actually spread. Besides, the young ladies decidedly objected to being isolated, and, what was very natural, they began to talk to each other, and it is suspected that some of them actually wrote home to their friends.

I was totally unknown to the mistress of the school, but at the suggestion of a lady, a friend of both of us, she was induced to try what Homœopathy could do for the malady.

The first case brought to me was Miss M., aged 16, an exceedingly fine looking girl, of fair complexion. Her family history was strumous. She was blamed for being *intellectually stupid and given to tears, which are very easily excited.*

On the back of right thigh, I was shown a large patch of common ringworm, herpes circinatus. She told me that it itches most violently at all times, worse towards

¹ Reprinted from *The Medical Advance*, May.

morning in bed. On being asked, she informed me that she had constantly a sensation in her feet and legs *as if she had on cold damp stockings*, and that she was very *liable to chilblains*. Menses expected every day. As soon as they are well over, she is to take a powder dry on the tongue of *calcareo carbonica* 200 (Epps), every or every other morning on rising.

28th October, 1876, fourteen days after visit, and about one week after commencement of treatment, reports herself very much better in every respect, although the patch was still there, but paler and itching much less. By right I should have given no more medicine, but, as they resided a long way off, I repeated the *calcareo* 200 every third morning.

17th November, 1876, steady improvement, patch all but gone; no itching; cold, damp stocking sensation still present. To continue *calcareo* 200 once a week until the appearance of the next menses, by which time the patch had entirely disappeared.

As soon as the proprietrix of the boarding school saw Miss M. improving, a batch of two or three at a time were brought to me. As it would be tedious for me and for my readers to give the details of eight or nine cases, all so much alike, I shall content myself by summarizing them.

Besides the case already given of Miss M., there were other seven cases, many of them much worse so far as the extent of the skin affection is concerned. In two of them it was on the scalp, especially bad about the edges of the hair, having all the appearance of *porrigo scutulata*, or herpes of the hairy scalp. To my views of pathology, herpes circinatus and *porrigo scutulata* are the same in cause and essence, and the one is as easy to cure as the other, *without local treatment of any kind*. One young lady, of exceedingly fair skin, fat and plump, and about fifteen years old, had several large patches over the left breast and arm, also on the neck and thigh. I do not think that in so few patients I ever saw the disease so general over the body. With two exceptions, sulphur and *calcareo* cured every case within one month from the commencement of treatment, without isolation, except that two were not allowed to occupy the same bed, whether ill or well; without change of diet, and without the simplest or the vilest local application of any kind. It is now one year and four months since I was asked to prescribe for Miss M., and within six

weeks the disease was altogether stayed and eradicated from the school. When I was consulted it was spreading.

I wonder what the local-parasiticial-chrysophanic-acid-materialistic physicians have to say to this? Of all the insanities which have ever appeared in medicine there are few to match the parasitic theory of the *origin* of disease; hence the blindness of allopathic physicians, and of "physicians practising homœopathy," to the marvellous doctrine of PSORA, which, in their Egyptian blindness, they take to mean the *Acarus scabiei*! It is just possible that routine practitioners and pathological prescribers may imagine that because sulphur and calcaria 200 and mm. cured these eight cases of ringworm, therefore they are specifics for the disease. They are nothing of the sort; they were specific only to the cases which they cured, and they were not given haphazard; each case was carefully individualized and prescribed for according to "minute symptomatic resemblance." In the first place they were all psoric subjects; perhaps the terms strumous, or scrofulous, or scorbutic, may be less objectionable to some; some of them had symptoms *characteristic of sulphur*, such as *a sinking emptiness at epigastrium, worse about 11 a.m.; cold feet or burning hot, the soles especially; hot flushes to the face in the afternoons, and frequent feeling of faintness*. If there is added to these symptoms, *chronic headaches, with heat of forehead or of vertex, and having a throbbing tensive character*, sulphur high—and the higher the better—will cure, often in a single dose of cm. mm. In other cases, the key-note was cold, damp and clammy feeling of the hands, and especially of the feet; or still better, the subjective symptom, "*as if she had on cold damp stockings*," of Professor H. N. Guernsey, which is an all but infallible guide to the selection of calcaria carbonica, under any and every circumstance in disease where the symptom is present; at least, such is my own and the experience of Dr. Guernsey, however disparagingly Dr. Hughes may allude to it in his "Pharmacodynamics," where calcaria is classed as a very second-rate medicine indeed; whereas it is second only to sulphur in the estimation of all true Hahnemannians who comprehend and who daily carry out in their practice the doctrine (not theory) of psora as developed by Hahnemann.

One of the cases cured by sulphur required a dose of sepia to complete it, and another treated by calcaria

required carbo veg. to complete it. Both were given in high powers, and according to "minute symptomatic resemblance," never because of the nosological name, far less because of the insane pathological theory of parasites being the *fons et origo mali*.

NOTE.—I do not doubt the existence of parasites in the least, but I look upon them in the light of mere accidents or concomitants of disease. In the relation of cause and effect they are in ninety-nine out of a hundred cases much more likely to be the effect than the cause of disease. The very law of their life, the condition of their being, is weakness, disease, decay and death. If this is the case, and no one doubts it, how can parasites be the cause of that which is a necessary condition of their own existence, namely, disease? Let the materialists reply if they can.

REVIEWS.

Urological and Venereal Diseases. By BUKK. C. CARLETON, M.D., Professor of Genito-Urinary Surgery in the New York Homœopathic Medical College and Hospital, etc., etc. Boericke & Tafel, Philadelphia, 1905.

ANY work from the pen of Dr. Carleton, who has already published two other manuals on genito-urinary and sexual diseases, both of which hold a position second to none in the homœopathic literature of the subject, demands a careful consideration. This book has the stamp of being written by one who has had a large practical acquaintance with the diseases of which he writes, and each chapter is full of suggestive matter.

In the introduction, the author deals with the question of asepticism in the various manipulations and operations on the genito-urinary tract, and treats of the complications which result from a lack of observance of aseptic precautions. He rightly says that "there are too many sources of unavoidable infection in the special technique of genito-urinary surgery to allow of the least latitude in the use of the known precautions;" and further on he says that neglect of these precautions is nothing short of criminal. That this is not superfluous advice is often borne in on one by seeing practitioners and surgeons, who should know better, pass catheters and other instruments, without making the slightest attempt to sterilize the penis and meatus urinarius.

The varieties of urethral fever are described and the appropriate indications for remedies are given. Amongst other things he recommends mother tincture of *veratrum viride*, twenty-four drops in four ounces of water ; a teaspoonful to be given every twenty minutes for two hours, and then every hour until the patient's temperature reaches 99°F. He says, however, that he has seen the 200th dilution act as satisfactorily as the strong tincture.

Many useful rules are laid down concerning the hygienic treatment of genito-urinary cases, and the importance of securing free drainage and the carrying out of thorough irrigation of the bladder and the area dealt with in an operation is clearly pointed out.

Following on the introduction is a chapter on injuries and diseases of the penis. The operation of circumcision is clearly described, and a very satisfactory dressing is shown in an illustration. The author evidently favours covering up the wound and keeping it dressed during healing, and he does not mention the plan which many English surgeons adopt of dusting boric acid over the parts, and putting on no dressing of any kind.

Two rather poor plates of penile malignant growths are given. In describing the operation for extirpation of the penis, the author advises drainage of the wound. This is not, however, essential in most cases, especially if care be taken to closely unite the urethra to the lowest part of the incision.

The chapter on diseases of the testicle is well written ; a very convenient form of scrotal poultice bag is described and figured for the treatment of epididymitis and orchitis. In the description of tuberculous disease of the testicle no mention is made of the practice of withdrawing during copulation as a cause of the malady, though in another section it is classed as one of the causes of tubercle of the prostate ; neither is sufficient stress laid upon the frequent association with, and spread of the disease to the prostate and seminal vesicles, and the bearing of this complication upon the adoption of surgical measures on the diseased testicle. The author rightly adopts a somewhat conservative attitude, and advises excision of the diseased area, when possible, rather than complete removal of the organ. A very good tabulated form for diagnosis of the various testicular neoplasms is given.

The chapter on diseases of the seminal vesicles is excellent, especially the part dealing with the chronic form. A full list of remedies with their leading indications is given. One misses any reference to the fact that massage of the vesicles can be carried out by the patient almost as satisfactorily as by the surgeon. The reviewer has found this useful in cases where, for various reasons, the patient is unable to attend regularly.

The chapter on prostatic diseases is one of the best in the book. In dealing with the subject of prostatic hypertrophy, scarcely enough is made of the fact that in probably the majority of cases the enlargement is due to adenomatous tumours with a capsule of their own, which, by their growth, thin out the prostatic tissues in much the same way that adenomata replace the gland structure of the thyroid body. It is this fact which enables the surgeon to shell out the whole of the hypertrophied mass in Freyer's operation, which operation is unfortunately not mentioned amongst the various surgical measures.

Gonorrhœal urethritis and its complications are very fully dealt with. In the consideration of local treatment, the relative values of protargol and argyrol are discussed. These two preparations appear to act very similarly in controlling the discharge and other symptoms; but the author has made a prolonged and careful investigation of the matter, and demonstrated that whereas the gonococci disappeared more rapidly during the use of protargol, recovery being seemingly rapid, relapses were, nevertheless, not infrequent; whereas with argyrol the gonococci continued present a longer period, but relapses occurred but rarely. He therefore concludes that protargol, besides being germicidal, is also astringent, through which an occasional gonococcus is imprisoned in some portion of the urethral structure, where for a time it remains dormant, and later, becoming free, it brings about a re-establishment of the discharge. Argyrol has probably no astringent property, and is, therefore, generally preferable. The unpleasant discolorations which have made argyrol so objectionable may be eradicated by the applications to the linen of an aqueous solution of bichloride of mercury 1-1000.

There is a fairly good chapter on cystoscopy, and on the methods of obtaining the urine from each ureter separately. One of the best instruments for this purpose—Luys' segregator—is not mentioned, but this is possibly due to the instrument having been brought out since the proof-sheets were in the printers' hands. The reviewer has found it a very useful instrument, and more easy to work with than ureteral catheters in some cases.

Diseases of the bladder are next dealt with, and are handled in a thoroughly practical way. In treating of cystitis detailed instructions are given concerning the use of various agents for bladder irrigation, and a very complete remedy list is appended. No mention is made of the method of rendering the urine acid with acid sodium phosphate, in cases of cystitis with alkaline urine. This salt, to which is due the normal acidity of the urine, will overcome the alkalinity when given in material doses.

The article on calculus in the bladder contains much that is of the utmost interest from clinical and practical points of view, and is quite up to date.

The book closes with sections on chancroids and syphilis. The latter article is particularly well written, and there are some very clear reproductions of photographs of the various skin lesions.

The whole volume is exceedingly well got up, and its literary style is faultless, there being a minimum of printers' errors, which cannot be said of all books hailing from the other side of the Atlantic. The author and publishers alike are to be congratulated on having produced a work which leaves very little to be desired, and one which is certainly unexcelled in the speciality with which it deals.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth meeting of the Session 1904-5 was held at the London Homœopathic Hospital, on Thursday, May 4th, 1905, at 8 o'clock, Dr. James Johnstone, president, in the chair.

SPECIMENS.

Dr. Byres Moir and Mr. Frank A. Watkins exhibited a gall-bladder showing mucoid degeneration, which was obtained post-mortem from a child who died from general tuberculosis; and Mr. Watkins exhibited a microscopic section of the same.

Dr. Byres Moir and Mr. Watkins also exhibited the urinary organs from a boy who died from uræmic coma, one kidney being absent, and the other being markedly cirrhotic.

Mr. Watkins, in explanation, said the liver was taken from a child who died from pneumonia. It was a complicated case, attended with general tuberculosis affecting the lungs and liver. The chief interest was in the condition of the gall-bladder, which was so much thickened that there was scarcely any cavity remaining. The microscopic section showed that it had undergone mucoid degeneration, and he supposed this generally followed a papillomatous condition of the bladder. That was an extremely rare condition, and there was no specimen of it in the museum. With regard to the other specimen, the left kidney was almost entirely absent, in fact there was only a little bit of tissue representing it. The right kidney had undergone very marked cirrhotic changes.

Dr. Byres Moir said that the kidneys were taken from a

fairly well developed boy about 14 years of age who had, however, been in bad health all his life. As Mr. Watkins had said, there was practically no evidence of the left kidney, and the right one only weighed $2\frac{1}{4}$ ounces; but he thought it was more like a small white kidney than an actual cirrhosis. This pointed to the need before operations on the kidneys of being sure that you had got one sound kidney to work upon.

SECTION OF MATERIA MEDICA AND THERAPEUTICS.

In the absence of the author, Dr. Neatby read a paper by Dr. E. B. Roche, of Norwich, entitled, "Whooping Cough: an Untaken Citadel." The burden of thought of the paper was that with the progress of therapeutics, and surgery up to the present date, the homœopathic practitioner is not now left with so many points of vantage ground over the dominant section of the profession as he possessed in the early days of homœopathic practice. But the treatment of whooping cough was one of these. It is an untaken citadel by the allopathic profession. Dr Roche gave a review of the haphazard, uncertain, and often futile measures adopted in the ordinary practice, and contrasted these with his own observations with homœopathic remedies. These latter include chiefly, ipecacuanha, and drosera, with others, and their effect was prompt in mitigating the disease and shortening its duration. Dr. Roche quoted a number of cases, and he never lost one uncomplicated with other diseases. He always felt the superiority of homœopathy in the treatment of this affection. The paper was well discussed by the Society, Drs. Johnstone, Roberson Day, Purdom, Stonham, Spiers Alexander, Byres Moir, Madden, Messrs. Knox Shaw and Watkins, Drs. H. Nankivell and Macnish, and Mr. Wynne Thomas taking part, with a vote of thanks to Dr. Roche for his contribution to the subject.

Mr. C. J. Wilkinson, of Windsor, then read a paper entitled, "A Note upon the Therapeutics of Gastric Ulcer." Mr. Wilkinson's note turned upon the sequence of causation in gastric ulcer as a guide to the therapeutics of the disease. He did not venture a complete theory of causation, but cited two varieties of autotoxæmia as illustrative of the fact that absorption of toxins puts more stress on glands, and sets up inflammation in a distant, though connected, organ. The two factors in question are oral sepsis (in a fully developed form), and colonic constipation. In the bearing of the sequence of toxæmia on the selection of the remedy, the question of pain has to be borne in mind, this being probably a late symptom, owing to the fact that the stomach itself has no sensory nerves, and that pain is to be referred to the abdominal wall, the

intercostal nerves, and the subserous tissue. Taking these facts into consideration, the pathogeneses of kali bichromicum, silver salts, uranium salts, cadmium salts, arsenicum, and atropine are unmistakably pointed to as remedies for the disease.

Dr. Spiers Alexander, Mr. Dudley Wright, Dr. Macnish, Mr. F. A. Watkins, Dr. Byres Moir, Mr. Lestock Reed, Mr. Wynne Thomas, and Dr. Vincent Green joined in a discussion of the paper, and Mr. Wilkinson replied.

NOTABILIA.

CROYDON HOMŒOPATHIC DISPENSARY.

ANNUAL MEETING.

THE annual meeting of the Croydon Homœopathic Dispensary was held on March 3rd at the Dispensary Rooms, George Street. Councillor H. Keatley Moore was in the chair, and amongst those present were the Rev. J. Alden Davies, Drs. Purdom and Munster, Messrs. Pontifex, Ashcroft, W. T. Diplock, Mrs. Keatley Moore, and Miss Reep.

The Chairman, in presenting the report, said it was by far the most important and most successful it had ever been their duty to prepare. Since moving from their old premises they had done more than they could have done before.

The Committee hoped to have a Homœopathic Cottage Hospital in Croydon at some time, in fact, that hope was always before the Committee. One special thing they had to be thankful for was a donation of £500 which they had received from Mrs. Orr, to be used by them as they thought fit. £400 of this had been invested in the names of three trustees, Messrs. Diplock, Moore, and Stewart. Since Michaelmas last the Dispensary had received the important addition of a dental surgeon, Mr. C. J. Hinchliff. Extractions of teeth or dental advice could now be obtained at a merely nominal fee; gas was administered under medical superintendence in each case, and artificial dentures or regulation of irregular teeth, benefits hitherto quite unattainable by patients of very limited means, were provided at charges very little more than the necessary wages of the workmen employed.

The Medical Officer's report showed that the number of patients' attendances at the Dispensary during 1904 was 4,309. Dispensary tickets were issued during 1904 as follows :

Weekly tickets purchased by patients at 1s. each, 728; monthly tickets at 2s. 6d. each, 640; monthly tickets supplied by subscribers, 217. Comparing the work of the Dispensary in its new premises (covering the last three months of 1904) with the corresponding quarter of 1903, the results were very favourable. In 1903 (Christmas quarter only) there were 873 attendances as against 1,104 in 1904. In the same quarter of the same year there were 33 subscribers' tickets used and in 1904 there were 107.

Home Visiting Branch.—During 1904, 108 home visiting tickets were issued, representing 606 visits at the patients' homes. Of these 83 were supplied by subscribers and 25 purchased by patients.

Dental Branch.—During the quarter that this branch has been carried on 42 dental tickets were issued, of which 5 were supplied by subscribers and the remainder were purchased by the patients themselves. In addition to these ordinary dental tickets, gas was administered to 18 patients and 4 were supplied with artificial teeth at sums varying with the amount of work required in each case. With regard to this latter branch the unexpected manner in which it had at once taken firm root was an additional subject for congratulation.

The Chairman then proposed that this report should be adopted, Mr. Pontifex seconded, and it was carried unanimously.

The Treasurer (Mr. J. Stewart) then presented the statement of accounts for the past year, which showed that the receipts for the year, including dividends and interest on the investments from the donation of Mrs. Orr, amounted to £774 4s., and the payments to £765 17s. 2d., leaving a balance in hand of £8 6s. 10d.

This statement, on the motion of the Chairman, seconded by Dr. Munster, was adopted.

The Rev. J. Alden Davies then proposed a vote of thanks to the medical officers and the dental surgeon for the work they had done, and this was seconded by Mr. Hubert Diplock.

Dr. Munster, in returning thanks, said they always tried to do their best, and since they had had the new rooms they had got on much better than previously, because there was more room, and everything was on one floor and handy, while in their old premises the drugs, etc., were all downstairs.

Mr. Hinchliff also returned thanks.

A vote of thanks was then accorded to the chairman, hon. secretary, hon. treasurer, and hon. solicitor, on the proposal of Mr. A. Ashcroft, seconded by Miss Reep.

The Chairman returned thanks for the enthusiastic way

in which this proposal had been carried, and said that if they had known the amount of hard work done by their secretary he thought they would have laid special emphasis on his name. Lately he had moved to Sydenham, and wanted to relinquish the post, but they had pressed him to stay, and he had done so. They ought to feel extremely grateful to him for all he had done since the commencement of the Dispensary. (Applause.)

The Chairman proposed that the Committee should be re-elected, with the addition of the names of Messrs. A. Ashcroft and W. J. H. Diplock in the place of Messrs. J. Allder and Epps, whom they had lost by death. He also proposed that a vote of condolence should be sent to these families.

Dr. Munster seconded these proposals, which were carried unanimously.

A vote of thanks was also accorded to Mr. Henry T. Bird, the hon. auditor, for auditing the accounts.

A large number of the rules of the Dispensary were altered, and after all the business was finished,

Dr. Purdom read a short paper entitled "Hahnemann and Homœopathy," in which he described the progress of homœopathy since its foundation by Hahnemann, who, he said, was on several occasions driven from his home by his opponents, but now statues stood as a testimony to him both in Washington and Leipzig. As a boy, Hahnemann was taught to think for himself, and his father used to shut him up in a room to make him think. When only 13 years old he could teach Hebrew, and when 20 he was at the top of his university. He first practised as a doctor at Dresden, but when only 35 years of age he gave up medical practice as it then was carried on, with disgust, and with one stroke brought himself and family to penury. The doctor described homœopathy as one of the best things ever "Made in Germany." In conclusion he said that all the credit was due to Hahnemann, and he mentioned several cases to prove that homœopathy was far superior to ordinary medicine.

The Chairman then proposed a vote of thanks to Dr. Purdom for his interesting and instructive paper, which was heartily accorded.—*The Croydon Advertiser*, March 4th.

TUNBRIDGE WELLS HOMŒOPATHIC HOSPITAL AND DISPENSARY.

ANNUAL MEETING.

THE Annual Meeting of the Tunbridge Wells Homœopathic Hospital was held at the Town Hall on February 10th, 1905.

The Mayor (Alderman Thorpe) presided (the President being unavoidably absent). Amongst those present were Dr. Neild, Dr. Pincott, Dr. Edith Neild, Rev. D. J. Stather Hunt, Rev. J. Agg-Large, Dr. Grace, Messrs. Walter Langton, William Brackett, A. C. Murton-Neale, T. Arnold Kelly, Foale, Kember, Lewis, C. H. Strange, J. Scrace, Cecil Vinall (Hon. Sec.), etc.

The meeting was opened with prayer by Rev. D. J. Stather Hunt.

The minutes of the last meeting were taken as read and confirmed.

The Report of the Committee, the Medical Report, the Dental Report, and the Treasurer's Report were then read as follows:—

REPORT OF THE COMMITTEE.

Again the Committee of the Tunbridge Wells Homoeopathic Hospital and Dispensary are permitted to meet their friends and supporters, and to present their annual report.

The work done among the sick poor continues to increase. As will be seen from the Medical Officer's report, the numbers in the out-patients' department have been 3,163 against 2,906 last year, and there has been a large increase in the numbers attended at their own homes, 4,851 visits having been paid by the Medical Officers to patients too ill to attend personally, a feature of the work which is deeply and greatly appreciated. The in-patients have numbered 90, and a considerable number of these have been cases requiring long periods of treatment.

The subscriptions and donations have in recent years shown a tendency to decrease. The amounts received in 1904 (other than legacies) were the lowest received in any year since 1895. We have consequently had to use the whole of the legacies received to supplement our ordinary income.

Again we have to mourn for the death of several of our generous friends and supporters, and we would specially refer to the late Mr. Alderman Finch (who bequeathed £50 to the Hospital, subject to a previous life interest), and to the late Rev. F. F. Walrond, who was for many years a member of our Committee.

The Committee desire to acknowledge a very handsome and useful operating table, the gift of Mrs. Smart, who, with our President, has shown such deep and long-continued interest in the work of the Hospital. The Hospital is also indebted to a generous and anonymous donor for a donation of £50 to be applied at Dr. Neild's discretion in the purchase of new instruments and apparatus, etc.

The Committee desire, too, to express their indebtedness to the ladies who organized a Bazaar and Entertainment in aid of the Hospital, which resulted in the sum of £21 16s. 5d. being placed to the Building Fund.

Our warmest thanks should be given to our Honorary Medical Staff, and to the Matron, Sister, and the Nurses for their skilful, unselfish devotion, and for their untiring kindness to all under their care.

The thanks of the Committee are again presented to the various congregations in the town and neighbourhood who have rendered assistance during the year, to the organizers of the Hospital Saturday Fund, to the Friendly Societies, to the members of the Ladies' Visiting Committee, and others who have visited the Hospital. They also desire to thank the Committee of the Charity Football Association and others for their kind help.

The Committee believe that the request made to subscribers and donors in previous years, that care should be exercised not to give letters of recommendation to those in a position to obtain medical advice privately, has had a good effect, but they would still ask that this point should be kept in mind.

In acknowledging the support of the subscribers and donors during the year, the Committee feel that they have shown that their generous confidence has been more than justified.

As mentioned in last year's report, the expansion of the work of the Hospital entails greater expenses than in the past, and the Committee hope that the subscribers and friends will assist them in extending their present list of subscribers and supporters. An additional income of £500 a year is sorely needed.

The Committee pray that the Almighty will continue His blessing upon the Institution.

MEDICAL OFFICERS' REPORT.

The Medical Officers have much pleasure in submitting their report of the work done at the Hospital and Dispensary during the year 1904.

In-patient Department.

This department being closed at the end of 1903, we had of course, no patients under care at the beginning of 1904. During the year there were 90 admissions and re-admissions to the wards of the Hospital. There was one death in the Hospital during the year.

Out-patient Department.

| | | | |
|-------------------------------|----|----|------------|
| Under care, January 1st, 1904 | .. | .. | 167 |
| Admissions and re-admissions | .. | .. | 2996 |
| | | | <hr/> 3163 |

These may be classified as follows :—

| | | | | | |
|-------------------------------|----|----|----|----|------------|
| Cured or relieved | .. | .. | .. | .. | 2571 |
| Not relieved | .. | .. | .. | .. | 180 |
| No report | .. | .. | .. | .. | 199 |
| Died | .. | .. | .. | .. | 17 |
| Under care, January 1st, 1905 | .. | .. | | | 196 |
| | | | | | <hr/> 3163 |

Home visits .. 4851

Regarding the home visits, we had hoped that last year's increase was in great part due to the fact that the Hospital was closed for three months, thus necessitating more home visits being made, but the large increase again this year, even over last, shows that this cannot have had as much effect as we thought it might.

Since 1899 the home visits have been as follows :—

| | | | | | |
|------|----|----|----|----|------|
| 1899 | .. | .. | .. | .. | 2475 |
| 1900 | .. | .. | .. | .. | 2101 |
| 1901 | .. | .. | .. | .. | 3072 |
| 1902 | .. | .. | .. | .. | 3959 |
| 1903 | .. | .. | .. | .. | 4444 |
| 1904 | .. | .. | .. | .. | 4851 |

You will see that the number of visits has doubled in the past five years. If this rate of increase continues, the Medical Staff feel that some new arrangement will of necessity have to be made, as the time required for paying these visits is even now almost more than we can do.

We are discussing one or two schemes in order to meet the needs of the case, and when we have one fully completed, we shall have pleasure in submitting it to your Committee for their approval. It seems as though some nominal charge with each letter for home visiting will be the only way to keep the numbers down, and yet maintain the demand for subscribers' letters, which, of course, is desirable.

FREDC. NEILD.
JAMES C. PINCOTT.
EDITH NEILD.
N. GRACE.

Dental Cases, 1904.

| | | | |
|-------------------------------|----|----|-----|
| Extractions—Children under 14 | .. | .. | 83 |
| „ Adults | .. | .. | 238 |
| „ Under gas | .. | .. | 61 |
| „ Under ether | .. | .. | 133 |
| Stoppings | .. | .. | 9 |
| Temporary fillings | .. | .. | 32 |
| Regulating teeth (children) | .. | .. | 2 |
| Attentions | .. | .. | 73 |
| Advice and consultations | .. | .. | 83 |
| Surgical cases | .. | .. | 9 |
| Miscellaneous | .. | .. | 17 |
| Total | .. | .. | 740 |

ALFRED H. TESTER, L.D.S., D.M.D.

The following are the number of admissions and re-admissions to the Hospital and Dispensary for the years 1899, 1900, 1901, 1902, 1903, and 1904 :—

| Year. | In-Patient Department. | Out-Patient Department. | Dental Cases. | No. of Home Visits Paid. |
|-------|---------------------------|----------------------------|------------------|--------------------------------|
| 1899 | 101 | 2587 | 766 | 2475 |
| 1900 | 96 | 2332 | 893 | 2101 |
| 1901 | 83 | 2131 | 661 | 3072 |
| 1902 | 96 | 2346 | 821 | 3959 |
| 1903 | 70 | 2906 | 982 | 4444 |
| 1904 | 90 | 3163 | 740 | 4851 |

Patients are received not only from Tunbridge Wells, but also from Tonbridge, Southborough, Bidborough, Pembury, Langton, Wadhurst, Fordcombe, Groombridge, Frant, Capel, Brenchley, Matfield, Lamberhurst, Jarvis Brook, Crowborough, Rotherfield, and Heathfield.

The Mayor first regretted that Mr. F. G. Smart was unable to be present. He was glad to get a better personal insight into the work of the Homœopathic Hospital. The report showed clearly that an important and extensive work was being done by the Hospital at Tunbridge Wells, and quite apart from the large number of in-patients and out-patients dealt with, it was striking how large a number of home visits had been paid. This seemed to be a unique feature of the work. (Hear, hear.) There was a lament in the report at the decrease in the number of subscribers, which one was sorry to learn was smaller than it had been for many years. He was sure that Tunbridge Wells, which sent so much money

away to all sorts of deserving causes at home and abroad, only needed to be told of the good work of the Hospital, and a large augmentation of subscribers would be seen. It was becoming a more and more serious question with all hospitals that so many people got the benefit of the institutions who could afford to pay for medical attention. It was a big question, and one hoped that some day means would be found of removing the unnecessary and unjust burden imposed upon hospitals. The Committee had evidently been passing through a trying time since the decision to move the Hospital, and the report struck him with wonder how they had managed to accomplish so great an undertaking, and crippling the finances to such a small extent. (Applause.) His Worship then proposed the adoption of the several reports, which was agreed to.

Proposed by Mr. Langton, seconded by Dr. Pincott, and carried: "That Mr. F. G. Smart be re-elected as President, and Mr. W. C. Morland as Vice-President."

Proposed by Mr. Murton-Neale, seconded by Mr. R. Kember, and carried: "That the best thanks of the subscribers be given to the Honorary Physicians and Surgeons, the Dental Surgeon, the Treasurer, and Hon. Secretary for their valuable services; and also to the Matron and Hospital Staff."

Proposed by Rev. D. J. Stather Hunt, seconded by Mr. C. H. Strange, and carried: "That the best thanks of this meeting be given to the Committee and Lady Visitors for their interest in the Institution and its patients, and that the following gentlemen be elected the Committee for 1905 (see list), and that the Ladies' Visiting Committee be elected with power to add to their number, also that the Hon. Treasurer and Hon. Secretary be re-elected."

Proposed by Dr. Neild: "That the thanks of the subscribers be given to the Honorary Chaplain and other friends who have ministered to the spiritual needs of the patients, also to the ministers and congregations of the many churches and chapels, to the Committee of the Hospital Saturday Fund, and the Committees and organizers of the various other funds which have made collections and given gifts to the Hospital."

Mr. Foale seconded the motion, which was carried.

Dr. Grace proposed a vote of thanks to the Chairman, which was seconded by Rev. J. Agg-Large. Carried.

Had we received the above report in time, we should have been glad to have noticed it in our leader of April,

entitled "Progress All Round," as the work is excellent and progressive, the increase in patients and the amount of home visits being very gratifying. But the meeting, it will be observed, was held on February 10th, while the report only reached us on March 25th, after our article was in type. There is surely great carelessness somewhere when the report is only sent to us six weeks after the meeting. We are glad to see that the Mayor presided in the unavoidable absence of the President, Mr. F. G. Smart, and bore such testimony to the value of the Hospital and Dispensary.—Eds. *M.H.R.*

BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of the British Homœopathic Congress will be held this year at St. Leonards-on-Sea, on Friday, September 22nd, under the Presidency of Dr. Goldsbrough. Mr. Frank Shaw is the Vice-President, and Drs. Clowes Pritchard and Dr. Percy Capper are the Local Secretaries. Full particulars will be announced in due time.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

In "Editorial Chat" of the *Pacific Coast Journal of Homœopathy* for April, referring to the approaching meeting this month of the American Institute, at Chicago, the Editor says :—

"If the signs of the times are read aright, the coming session will prove particularly notable in that it will witness an increased and powerful impetus in the advancement of the 'homœopathic idea,'—and that advancement, which eventually is a revival, to prove of permanent benefit and to do its work to the full, must come from our national organization. The highest interests of the school have not at all times been the chief object of the care of the American Institute, and on more than one occasion it has seemed as though the majority of its members were quite indifferent to the one essential object of the organization, i.e., the development of the science of homœopathic therapeutics. Of late years, however, side by side with the universal impetus in the direction of new departures in therapeutics, which we as well as other schools of practice have felt, there has been a growing inclination toward a re-establishment of clear-cut homœopathic doctrines, largely based upon the belief that to a great extent the most startling advances made in modern therapy and physics are but confirmatory of views which homœopaths of the thoughtful, observing kind have long cherished as the basis of intelligent

homœopathic practice. It is very probable that the most important scientific work which the American Institute can possibly undertake in the immediate future lies in the direction indicated, and our younger men, who have had the full benefit of a modern scientific education, can engage in no nobler undertaking than to demonstrate the close relationship between recent discoveries in physics and modern therapeutic methods and the essentials of the homœopathic methods."

THE BRITISH GYNÆCOLOGICAL SOCIETY.

For the first time since 1881, when Dr. Dudgeon read a paper on Vision, before the International Medical Congress, a great Medical Society has listened to a paper given by professed homœopaths on a professional subject. It is the British Gynæcological Society which has thus honoured itself in outstepping the narrow arbitrary limitations which are unworthy of the dignity of a liberal profession. Our colleagues, Drs. Burford and James Johnstone, read a detailed paper containing new matter, not involving contentious topics, and well illustrated by lantern slides, before the society, on the 11th May. We are informed that the audience was critical, but appreciative; and we congratulate our colleagues on the invitation extended to them by the British Gynæcological Society.

DR. E. B. NASH'S LECTURES.

WE hoped to have been able to publish for the benefit of our readers a full report of these excellent and interesting lectures. But as Dr. Nash does not wish them to appear in print at present, he has sent us the following synopsis of them.—*Eds. M.H.R.*

SYNOPSIS OF LECTURE 1.

Our Materia Medica.

1st.—Of what material.

2nd.—How the knowledge of it is obtained.

3rd.—How applied to the sick.

The vegetable, animal, and mineral kingdoms, and disease poisons, all contribute their share of material for our armamentarium. Its voluminousness is objected to by some, but not so much by those who study it most faithfully. The remedies that are to-day most useful in general practice are those proved by Hahnemann and his co-labourers. The knowledge of it is obtained by provings in immaterial and

material doses upon the healthy human subject. In these provings not only were the effects in both their coarser and finer shades brought out, but medicinal properties hitherto unknown came to light, and substances supposed to have little or no medicinal powers were proved to be remedies of wide range and great curative power. Such provings in their symptomatology are of more use to us in prescribing the simillimum than the pathological conditions, though both come in to make up the totality. Cases cured with pulsatilla, staphisagria, baryta carb., and indigo were given as illustrating the point that the verification of symptoms yet unverified may lead to the remedy in difficult cases. The work of verification should still occupy a large share of our attention.

How applied to heal the sick.

Three things must come in for consideration :—

1st.—The similar.

2nd.—The single remedy.

3rd.—The minimum dose.

Disregard of the first is unhomœopathic, of the second no less so, and of the third a hindrance to the re-action of the vital force which accomplishes the cure.

Many failures are to be ascribed to too crude drugs, and too frequent repetitions of the dose. With all the imperfections that have crept into the *Materia Medica*, and the vast field of exploration of drugs still open to us, we have been able to do better work in healing the sick in the one hundred years of our existence than the old school have in two thousand.

SYNOPSIS OF LECTURE II.

How to Study Materia Medica.

Our *Materia Medica* is obtained in a different way from that of the old school. Hence it is very reasonable that we should come to an understanding of it in a different way. Theirs is mostly from toxicological or poisonous effects upon animals and men, largely the former. Ours are from systematic provings upon the human subject ; the most minute as well as intense effects of the drugs being carefully recorded. It is not enough for us to know that belladonna congests the brain, which it does equally with other remedies, but we must know all the *dissimilar* as well as similar symptoms appearing in conjunction with the congestion. Thus we are enabled to differentiate in a way that permits us to apply the remedy to a given case according to our law of *similia*. So we claim that the proper place for a homœopath to begin the study of *materia medica* is at the symptomatology, and especially in those symptoms termed by Hahnemann in §5, 3, of the *Organon*,

peculiar and characteristic. A case from H. N. Guernsey in illustration was given.

Extracts from Bartholow, Spitzka, Wood, etc. (old school) were given showing their manner of describing the action of drugs, such as *nux vomica*, *ignatia*, and *sulphur*. These were compared with the masterly provings of Hahnemann and his co-labourers, as recorded in T. F. Allen's *Encyclopædia of Drug Pathogenesis*.

The lecturer criticized the indiscriminate treatment of any disease with any one remedy, quoting the words of Prof. Rosenbach, of Berlin, who says in his work on "*The Physician versus Bacteriologist*," page 45, "*A specific remedy against all individual cases of a certain disease does not exist in any instance.*" Prof. Nash takes strong ground against the indiscriminate use of anti-toxins as specifics, claiming that provings should be made of all these disease poisons, and applied to the cure of the sick as we do *psorinum*, *pyrogen*, *tuberculin*, etc. To apply remedies on any other principle is unhomœopathic and therefore unscientific.

He concluded by repeating his opinion that the study of our *Materia Medica* should begin at the symptomatology end, and extend from thence to the general physiological and toxicological knowledge, and recommended for such beginnings the study of such works as H. C. Allen's *Keynotes*, Clark's *Dictionary* (characteristics), Kent's *Materia Medica*, and his own "*Leaders*" (begging pardon for the allusion to the latter).

SYNOPSIS OF LECTURE III.

Comparative Materia Medica.

One of the best ways to study *Materia Medica* is by comparison. Such study not only fixes upon the memory the one started with, but opens up the road to an understanding of the others, which considered in their totality indicate the right one to prescribe.

Sepia was compared with *lilium tigrinum*, *murex purpurea*, *stannum*, *pulsatilla*, *actea racemosa*, and *natrum mur.* in their action upon the genital and pelvic regions.

Remedies compared for the treatment of constipation were *nux vomica*, *bryonia*, *anacardium*, *lycopodium*, *causticum*, *ratanhia*, *alumina*, *opium*, *hydrastis*, and *silicea*. The form of stool was noticed under *graphites*, *magnesia mur.*, *ammon. mur.*, *plumbum*, etc., while the pains and distress were mentioned under such remedies as *ignatia*, *nitric acid*, *alumen*, *natrum mur.*, etc.

The necessity of such close individualizing becomes apparent when we recognize the fact that there are many remedies

having this objective symptom. All other symptoms must, of course, receive due recognition. The selection of the one remedy from a class is not always easy, but with our vast materia medica and our now well-arranged repertories, and also the good work done by different men of our school in the way of pointing out the peculiar and characteristic symptoms of each drug, any man or woman with good medical education in its different lines, and endowed with pluck and brains, may become a master in the art of prescribing.

SYNOPSIS OF LECTURE IV.

Antipsorics.

Whatever may be said of Hahnemann's Psora theory, it is certainly as sensible as that of scrofula in the old school, and has as much foundation in fact. It is more easily recognized than explained. But my purpose in this lecture is not to theorize, but to compare the remedies termed antipsorics.

The first four remedies to be differentiated are sulphur, psorinum, calcarea ost., and lycopodium; a quartette around which the antipsoric materia medica might revolve. Then follow graphites, hepar sulph., and arsenicum alb., which increases the list to fill up the perfect number to seven. But it does not by any means stop here, for many others that Hahnemann did and did not know are decidedly antipsoric, such as causticum, natrum mur., iodine, sepia, silicea, carbo. veg., kali. carb., baryta carb., alumina, anacardium, mezereum, petroleum, zinc, etc.

In short, any remedy which has in its pathogenesis the power to produce eruptions on the skin or to restore such eruptions to the surface of the body, which are causing internal disturbance by their retention, suppression, or retrocession, may be safely set down as having antipsoric properties or powers.

SYNOPSIS OF LECTURE V.

New Remedies and how to develop them.

All remedies should be proved according to the method of Hahnemann. But remedies that come to our notice by accident should not be ignored, but used so far as we know them, and then the clinical knowledge supplemented and confirmed by a thorough proving. These are the remedies which, as old Father Hering used to say, are born by "breach presentation."

Such remedies are adonis vernalis, blatta orientalis, cratægeus oxyacantha, etc.

We should never be satisfied with a proving until it has been proven in the *potencies* as well as in the crude preparations, for so only can all shades of action be developed.

The serums should be proven the same way. Some of the remedies mentioned as needing further proving were convallaria, veratrum viride, (the latter having been used and abused for want of a better understanding of it), melilotus, pyrogen, and malaria officinalis.

Many remedies have been quite well proven, but for lack of study, application, and verification are useless. Let the work of verification go on with these. *Blatta officin*: and *Americana*, *leatrodectus mactans*, and the gila monster have a beginning that may well be followed to the finish. If each one of the many competent men in our school would set him or herself to work to bring to all possible perfection the knowledge of a single drug, they might not only get a name for themselves, but contribute as lasting and far-reaching a blessing upon humanity as did Hering with his lachesis; and in a short time we would find ourselves possessed of a materia medica such as we (even with what we now *think* we know), never dreamed of.

“WHERE IGNORANCE IS BLISS,” Etc.

In an Address on “The Vomiting of Pregnancy,” by J. M. H. Martin, M.D., F.R.C.S., Senior Honorary Surgeon, Blackburn and East Lancashire Infirmary, and published in the *British Medical Journal* of Dec. 10th, 1904, the following occurs:—

“Bedford had some strong views on the importance of sickness in pregnancy, and I cannot do better than quote his own words. He says:—

‘That there is a striking connection between the absence of all gastric irritation and miscarriage, is a fact about which I do not entertain the slightest doubt, and on this assumption I have predicated a treatment which has invariably proved successful. Having been consulted in cases of pregnancy where nausea has been absent I have been enabled to carry my patients to the full term. The treatment is extremely simple, and the object is to relieve congestion of the uterus. A quarter to $\frac{1}{2}$ -gr. of ipecacuanha is ordered once, twice, or three times a day for the purpose of producing nausea, thus simulating as nearly as possible the course pursued by nature when not contravened by influences which we cannot control. This course of treatment is persevered with until the fourth month, at which period the nausea and vomiting attendant upon pregnancy usually ceases.’

“This savours much of Hahnemannism, and I can only think that Bedford’s patients went to their full term in spite of his treatment.”

To say “this savours much of Hahnemannism” is an

example of the utter ignorance of the principles of homoeopathy which is to be found in the ranks of the old school, and which we have so frequently to notice. To produce a state of drug-sickness as a piece of treatment is as far removed from "Hahnemannism" as light is from darkness, as every tyro in medicine ought to know.

BORATED FOOD AS A CAUSE OF LESIONS OF THE KIDNEYS.

BORAX and boric acid are at the present time extensively used as food preservatives, and the quantities present in certain articles have been proved to be by no means small. For example, milk may contain 2 grms. per quart; butter, 2·5 grms. per lb.; cream, 1 gm. per pint; oysters, 4·5 grms. per pint; corned beef and ham, each 18 grms. per lb.; sausages, 4 grms. per lb. These preparations are preferred not only on account of their preservative influence, but because they do not withdraw water as salt does, while they preserve the natural colour. It has also been contended that they do not penetrate the tissues and may easily be washed away by soaking. This, however, appears not to be true. Nevertheless, many advocates of their use, among whom is Professor Liebreich, contend that they are absolutely harmless. In a recent article published in the *American Journal of the Medical Sciences*, Dr. Charles Harrington, Assistant Professor of Hygiene in the Harvard Medical School, contends that the harmlessness of substances which obviously do not produce immediate evil effects can only be demonstrated by much more prolonged experiments than those which have been undertaken. Where the results do not follow immediately, it is practically impossible to connect the diseases which might arise with articles of food, especially as the use of these preservatives is so widespread that all of us swallow them without knowing anything about it. It has been repeatedly shown, notably by Dr. Féré, that the medicinal use of borax may produce or aggravate lesions of the kidneys. This has been disputed by Liebreich, who gave boric acid to seven patients in varying amounts and for different periods without producing albuminuria. Two received 28 grms. in seven days; three received 33 grms. in eleven days; another 37·5 grms. in twenty-two days; another 39·9 grms. in twenty-four days. In none of these cases did albuminuria follow. Dr. Harrington has endeavoured to clear up this point by experimenting on cats. Twelve cats were selected, and kept under precisely

the same conditions. One received no preservatives, six received borax in varying amount, and five received another preservative, which he does not mention. Of the six cats fed on borax, one died at the end of six weeks. The duration of the experiment in four cats was 133 days, and the dose was about 0·8 grm. Of those six cats five showed marked kidney lesions, described by Professor William T. Councilman as analogous to those found in subacute and chronic nephritis in man. Dr. Harrington says that it might be objected that the daily doses of borax were in proportion to weight much greater than a person could possibly receive in food in a day; but he denies this, as he claims that with the amounts given above a man might easily take 7 grms. of borax and boric acid at a meal, and this might be doubled in the course of the day. We certainly think there is more in this objection than Dr. Harrington allows. If an average cat weighing 5 lb. takes 0·8 grm. of borax, a man weighing 140 lb. would have to take 22·5 grms. in order to get an equivalent dose. Nevertheless, the evidence tends to show that boron compounds are capable of causing nephritis, and this undoubtedly constitutes a grave objection to the use of these preservatives in such large quantities as 18 grms. to the pound of corned beef or ham, and suggests the desirability of the Governments concerned revising their regulations on this subject.—*British Medical Journal*, Sept. 17, 1904.

HAHNEMANN CELEBRATION IN LEIPZIG.

THE ter-jubilee of Hahnemann was the occasion of a memorable gathering in Leipzig, organized by the homœopathic pharmacists of that city. Representatives of the medical profession, of the chemists and lay adherents of homœopathy assembled at the Hotel Sachsenhof to the number of about 150. A conspicuous feature, unfortunately omitted from our English celebration, was the presence of ladies in good force.

Dr. Willmar Schwabe, Councillor of Commerce, welcomed the guests. Dr. Hengstebeck mentioned in his speech that the law of similars had been recognized by Professors Arndt and Schulz of Greifswald, and referred to the confirmation of the experiment with China by Professor Lewin of Berlin. He proposed the health of the homœopathic chemists of Leipzig, who at much labour and expense have recently completed a German homœopathic pharmacopœia. The toast was suitably responded to by Mr. Steinmetz.

Songs were sung by Frau Dr. Hengstebeck, and other

friends, and the meeting did not break up until the small hours. The Hahnemann Monument in the city was decorated with garlands and a wreath, and the inscription was newly gilded for the occasion. A photograph of the statue, surrounded by a representative company, was taken on the following day.—*Allgem. Homœopath. Ztg.*, April 13th, 1905.

DIABETES.*

TURNING to diabetes, the incidence and virulence of phthisis is well known. Six were directly due to this cause among 31 deaths, while of 18 patients who died either from coma or convulsions, recent pulmonary tuberculous lesions were found in 4; non-tuberculous gangrene of the lungs and pneumonia occurred in 2 cases.

Pavy, in a paper which appeared in the *Lancet* last year, maintained that phthisis nowadays becomes very much less frequently developed among the well-to-do who adhere strictly to their dietetic regulations than of old, and that among the class of patients he sees it is almost a negligible quantity. He quotes cases, moreover, to show that should it supervene the diabetic symptoms are considerably mitigated. He also maintains that diabetes tends to decrease, or even to disappear, in patients who develop Bright's disease concurrently with the diabetes, and he refers to one such case in which dietetic restrictions were no longer required to keep the urine free from sugar. He further quotes von Noorden as saying, "It is interesting and noteworthy that the glycosuria very often disappears in patients in whom granular atrophy of the kidney has developed. The diabetes is cured, but we do not know the connection." The existence of diabetes may be entirely masked during an attack of enteric fever, as the excretion of sugar frequently disappears, while the thirst and increased output of urea may easily be accounted for by the presence of the fever.

A CALCAREA CASE.

By MALCOLM E. DOUGLASS, M.D.

HARRY M., aged 5 years, had been sick for four weeks, and under the care of a prominent allopathic physician for three weeks, and then under a homœopathic physician for one week, and steadily growing worse.

* From a paper in the *British Medical Journal*, of April 8th, on "The incidence and effect of some diseases on others," by J. R. Charles, M.D.

I was requested by Dr. A., the homœopathic physician, to see the case in consultation with him.

As there had been several diagnoses made, I kept my own counsel as to the nature of the disease, and will state the condition of the child when I saw him.

His temperature was 100·2; pulse 116; very pale and greatly emaciated; appetite completely gone; every time he fell asleep profuse perspiration about the head; sub-maxillary glands enlarged and tender to the touch; abdomen enlarged and hard; stools frequent and profuse and offensive.

On the above symptoms I advised the use of *calcarea carb.* Three days afterwards I again saw the child and a decided improvement. *Calcarea carb.* was continued, and the case went steadily on to a complete recovery, and is now the picture of a perfectly healthy, sturdy chap.—*The American Physician*, April.

LAUNCESTON, TASMANIA.

In a recent issue of the *Review*, we drew attention to the excellent opening for a young energetic homœopathic practitioner in Launceston. From the *Launceston Examiner* of Feb. 13th we learn that at the usual monthly meeting of the Board of Management of the Homœopathic Hospital, Mr. Bell moved, and Mr. Gye seconded, "That the Board advertise in the leading papers in the States for a second medical officer." It was pointed out that Dr. Douglas Smith had freely and gratuitously filled the position of medical officer without a colleague for the past three years, often at great expenditure of his valuable time, and no second homœopathic practitioner had come forward to fill the vacancy caused by the removal of Dr. Gutteridge to Melbourne. For the sake of the hospital and the progress of homœopathy it was desirable to obtain a second homœopathic doctor for Launceston. There now being five practising in Hobart and vicinity, it was felt certain that the north, with three-fifths of the total population, could well support two. The motion was carried.

It seems a pity that none of our younger colleagues should think of going out to Tasmania to fill this vacancy, where success, on the authority of the Hospital Board, seems so certain. Tasmania, as we all know, is a very vigorous and flourishing colony, and the climate is delightful.

HOMŒOPATHY IN LAUNCESTON, TASMANIA.

We learn from the *Launceston Examiner* of March 9, that "at the meeting of the council of the Pharmaceutical Society

of Tasmania, held at Hobart on Tuesday, Mr. F. Styant-Browne, of this city, was unanimously elected president of the society, for the ensuing 12 months, and Mr. W. J. Clewer, of Hobart, vice-president. Mr. Styant-Browne has held the office of vice-president for the past two years, has been a member of the council for the last ten years, and was for many years a member of the board of examiners."

Mr. Styant-Browne is the homœopathic chemist of Launceston, and is an active and influential member of the Board of Management of the Homœopathic Hospital in that town. We congratulate him, and the Pharmaceutical Society of Tasmania, and last, but not least, the cause of homœopathy in Tasmania in general, and in Launceston in particular.

A FATAL CASE OF ACUTE MERCURIAL POISONING.

By E. SCOTT SUGDEN, M.D., M.R.C.S.

Divisional Surgeon, Liverpool Police Force.

CASES of acute mercurial poisoning are so rare, and the literature so sparse, that I think it desirable to place on record this well-marked case.

A young lady, 23 years of age, on October 1st swallowed, mixed in a tablespoonful of milk, a "headache powder," procured from a local chemist's shop. Immediately after taking the powder, she was seized with a severe burning pain in the throat and with vomiting; she vomited again in a few minutes.

I was called to see her about twenty minutes after the powder had been swallowed. She was then sitting up in bed retching and vomiting a small quantity of white, stringy mucus; she complained of a severe burning pain and feeling of tightness about the throat, slight burning pain in the epigastrium, and severe burning pain about the mouth, tongue, and lips. I found that the tongue, tonsils, and mucous membrane of the lips and cheeks were white and corroded; the face was slightly swollen and flushed; there was some tenderness over the stomach and slight general swelling of the abdomen; all parts of the mouth were exceedingly painful and tender.

Having administered as an emetic an apomorphine tabloid, $\frac{1}{16}$ gr., hypodermically, and caused more vomiting, I gave magnesium carbonate in milk, and washed the mouth with olive oil, and also induced her to swallow a tablespoonful of the oil; no eggs were obtainable at the time. Some collapse

ensuing, I gave a cup of strong coffee. These remedies gave some relief to the patient, and she dozed off to sleep. About two hours later diarrhœa set in, two motions being passed mixed with blood; during the following night about six motions were passed, the later ones being almost entirely composed of blood; vomiting continued at intervals. There was total suppression of urine for twenty-four hours after taking the powder, but after that no trouble with the urine. Treated with mouth washes of tincture of myrrh and glycerin and borax, and small doses of bismuth and soda, and plenty of white of egg, milk and barley water, the vomiting and purging ceased, and all except the soreness of the mouth seemed to go well until nine days after taking the powder.

On October 4th (three days after poisoning) a hæmorrhagic rash appeared on the skin of the face, and gradually spread all over the body and limbs; this was accompanied by a good deal of swelling of the face and soreness of the eyelids, and followed by free desquamation. On October 10th vomiting of blood set in, and I stopped all food by the mouth and fed only with nutrient enemata for a week. The vomiting soon stopped, and about October 16th the patient was able again to take a little barley water and Benger's food. The ulceration and sloughing of the mouth, however, was very troublesome, and on October 17th and 18th several hæmorrhages occurred from the mouth and throat, and were accompanied by tympanitis of the abdomen and a rise of temperature to 101° , and the patient became much weaker. Painting with adrenalin solution stopped the hæmorrhage, but swallowing gradually became impossible. After a temporary improvement the patient died very suddenly from heart failure on the evening of October 23rd, twenty-two days after swallowing the powder.

On October 1st I obtained six of the headache powders from the chemist, and, along with the vomit, sent them to Mr. E. Davis, analyst, of Liverpool.

A large amount of mercury was found in the vomit, and the powders (which should have contained acetanilid, caffeine, and sodium bicarbonate, amounting to 5 gr. in all), were found to contain, in addition to the other constituents, a quantity of corrosive sublimate. The largest amount of corrosive sublimate found in one powder was 2.67 gr. How the corrosive sublimate got into the powders is a mystery which was not cleared up at the inquest. I was present at the *post-mortem* examination conducted by Dr. Nathan Raw, of Liverpool, whose notes are as follow:—

“Body well developed and nourished. Rigor mortis pronounced. Pupils equal and dilated. There is considerable

recent burning of the lips, nose, and lower eyelids, having the appearance of corrosion. The tongue, mucous membrane of the mouth, and fauces, are of an ash-grey colour, with, in places, extensive sloughing. This appearance is also seen in the upper and lower portions of the œsophagus, the mucous membrane of which is corrugated and eroded.

"The stomach shows intense congestion around the cardiac orifice. The mucous membrane is swollen and softened and of a bright-red colour with numerous ecchymoses. The small intestines here and there show intense injection, but in the cæcum the mucous membrane is of a dark-brown colour with indication of intense hæmorrhage.

"*Lungs*.—Both engorged, 27 oz. each in weight. Scattered throughout both lungs were numerous thromboses, due to alteration of the blood. These varied from a point to the size of a shilling, and, according to Kauffman, are essential for the diagnosis of corrosive sublimate poisoning.

"The liver and kidneys were enlarged and fatty.

"The other organs appeared normal.

"The chief features of this case were the comparatively small amount of corrosive sublimate in the powder—probably not more than 2½ gr.—and the length of time the patient survived—twenty-two days; the longest recorded case I can find being nineteen days."—*Brit. Med. Journal*, April 8th.

PROTECTIVE POWER OF VACCINATION.

MRS. E. D., aged 37, was admitted to the Basford Sanatorium, Nottingham, suffering from small-pox, on June 13th, 1903. Her seven-months old baby, which she was suckling, and which had been successfully vaccinated fourteen days previously, was admitted with her. The baby was not weaned, but was nursed by its mother throughout her illness (confluent small-pox) and was handled daily by the other patients, about fifty in number, in various stages of small-pox. The baby left in perfect health.—H. J. NEILSON, M.D.—*Brit. Med. Journal*, April 8.

In the issue of the *B. M. Journal* of May 6, the following, under the same title appears:—

"The following interesting case, which recently occurred in this town, illustrates the protective value of vaccination very strongly. On March 22nd, I was called in to see a young girl, aged 15, who is employed as a hosiery hand. She presented a well-marked pustular eruption all over the body, but the associated constitutional symptoms were far from

severe. She was removed as soon as possible to the small-pox hospital, some distance away. She had never been vaccinated. The remaining members of the family, consisting of father, mother, and five children, were kept isolated in their own house. All these again had never been vaccinated, so I most strongly urged them as to the advisability of immediate vaccination. They all consented, with the exception of the mother and eldest daughter, who absolutely refused to take advantage of the protection thus offered them (an instance of ignorant obstinacy which is very prevalent in Leicestershire).

"The cases which were vaccinated reacted well to the lymph, each insertion being followed by well-marked reaction. Fourteen days later, the two unvaccinated persons exhibited unmistakable signs of small-pox, and of a far more severe type than the original case. These again were promptly despatched to the isolation hospital, while the remaining members—namely, the vaccinated ones—are well, and show no signs of the disease; and this in spite of the fact that all the family, during the period of incubation, had been living in a small house and in close intercourse with the patients.

"E. LYNN-JENKINS, M.B., B.S., M.R.C.S., L.R.C.P.,
"Medical Officer to the Isolation Hospital,
"Hinckley and District."

SULPHUR.

By MALCOLM E. DOUGLAS, M.D.

MRS. J. M., age about 60, for the past twenty-eight years has suffered from excruciating pains in her face. Both sides are involved, worse left side; lips and tongue affected; worse by spells. The pain is present all the time, but gets worse by spells, so bad she cannot sleep. The slightest motion of the face or moving of the lips, as in talking or bringing the lips in contact, causes frightful torture. The pain is shooting, darting, burning, tearing, drawing—in short she experiences every imaginable form of pain.

She has been under the care of the most eminent allopathic physicians of the country, and has taken all the narcotics and antis then known to the profession; has undergone nerve-stretching and excision of the nerve, all to no purpose.

After looking carefully over the case, I decided to give verbasum. This did no good whatever, neither did several other remedies tried in succession.

Finally she admitted that, when a girl of seventeen, she had the itch, which was cured (?) by some ointment prescribed by a physician.

I thought that now I saw my way more clearly, and gave her sulphur, and told her, if the remedy acted as I expected it would, that she would have an eruption appear, and when it came her neuralgia would disappear. I took pains to explain that the suppression of the eruption was the cause of the neuralgia, and when the eruption reappeared she must let it alone and not put anything on it to drive it in, but leave it to me and I would cure it for her.

The sulphur did all that I expected, bringing out a fine eczema capitis, and the neuralgic pains disappeared as by magic.

I would gladly leave this report right here, but there is more to tell.

The eruption did not heal as rapidly as she wished, and she consulted an allopathic physician, who gave her an ointment, with the effect of again driving the eczema from the surface, and the neuralgia returned.

In spite of my best endeavours I could not coax that eruption back, neither could I relieve the pain, and the patient, after three months of my treatment, called in an allopathic physician, who was no more successful than I, and the poor woman died from slow starvation, a martyr to her pride.—*The American Physician*, May.

NITRO-GLYCERIN (GLONOINE) IN HEADACHE.

HERE is the latest old school "discovery," or appropriation, with, as usual, no acknowledgement of the sources of the information, of a well-known piece of homœopathic practice. On what principle, other than the law of similars, this treatment is "recommended" we should be glad to know. It occurs in a paper on the "Nature and Treatment of Headaches," by A. C. Griggs, M.D., in the *Medical Times* of New York, for May.

"Trusevich recommends a 1 per cent alcohol solution of nitro-glycerin in headaches. In a very obstinate case, however, a 10 per cent solution was used, 2 minims being first given, after an interval of three minutes 3 minims more. As a rule, two or three 1-minim or 2-minim doses of the 1 per cent solution placed on the tongue at intervals of a few minutes arrested headaches; he says that all cases depending on a vaso-constrictor neurosis are curable by nitro-glycerin."

POLLANTIN IN HAY FEVER.

By HERBERT L. NORTHROP, M.D., Philadelphia.

For the past six or seven years I have been a rose cold sufferer. Intelligent and carefully applied internal and local treatment

gave me but partial, transient relief. In June of this year, when my annual attack was at its height, and when I could not ride in train, trolley, or automobile without precipitating the usual rose cold symptoms to an exaggerated degree, Pollantin, the German hay fever and rose cold antitoxin, stepped in, aborted my attacks, and cut short the annual seance by at least one month. The relief from the use of Pollantin was instantaneous and temporarily complete, and to me, Pollantin was as welcome as the beacon-light to the shipwrecked mariner. I say the relief was temporarily complete, i.e. I sometimes had to use it two or three times a day, especially when I first employed it. But it was soon possible for me to wean myself from it, and, before I was aware, I had laid it entirely aside. Therefore, as also set forth by the few observers who have told of their experiences with Pollantin, the conclusion is that it is immediately palliative and ultimately curative as far as one season is concerned.

Dunbar, of Hamburg, Germany, has isolated an albuminoid substance, soluble in blood serum, in salt solution, and the secretions of the respiratory tract, from the pollen of rye, barley, wheat, oats, and also from golden-rod, ragweed and hogweed; it appears that the poison obtained from these several sources is identical, and when mixed with an equal quantity of normal horse serum and then instilled into the eye or nose of a hay fever subject, even though at a time far remote from the hay fever season, the typical symptom-complex of the disease will be produced. No such effect, let it be understood, will occur in an individual who has never had hay fever—who is not pollen-sensitive.

Dunbar injected this pollen toxin into animals, and finally secured a serum possessing antitoxic properties. He found that by mixing this antitoxin with equal parts of the toxin, the specific poisonous action of the latter was neutralized; and that when the antitoxin was applied to the eye or nose of a subject previously poisoned by the pollen toxin, there was an *immediate* disappearance of the subjective symptoms, but a slower, though sure, subsidence of the objective phenomena.

It has been proved that a conjunctivitis, or rhinitis, produced by pollen toxin from one kind of grain or grass, is readily and positively controlled by the antitoxin of another kind of grain or grass. Thus it was found that the hay fever artificially produced by the pollen toxin of corn was neutralized by the antitoxin obtained from rye. This indicated the probable identity of the toxin from the various plants.

Dunbar experimented with the pollen of roses, linden flowers, wormwood, etc., plants popularly regarded as productive of hay fever, and found them incapable of causing any eye or respiratory irritation.

Although I have recommended Pollantin to a number of physicians and members of the laity, I am able to give the results in only two cases. These were long standing and aggravated, and in both the effects were positively and decidedly beneficial.

The antitoxin is sold in liquid and powder form, is all made in Germany, and costs the laity \$3 a tube.—*Hahnemannian Monthly*, May.

DOCTORS AND WORRY.

It has been well said that more men are killed by worry than by work. The avoidance of worry is one of the most important as well as one of the most difficult conditions to attain, in order to preserve one's health and to prolong life. It is useless for us to attempt to excuse ourselves by saying that our disposition is such that we cannot avoid worrying. If this be true it is our misfortune. The law of the survival of the fittest is inexorable. Worry unfits a man for effective work and a long life. He that expends his vital energies with constant worry and anxiety is unfit, and must pay the penalty by premature degeneration and death. If we are to attain any lasting success in the practice of medicine, we must cultivate our minds to dismiss from thought all questions concerning which we have once arrived at a conclusion. Having made a diagnosis or instituted a method of treatment in a case, we must calmly wait until sufficient time has elapsed for new developments to indicate whether or not our diagnosis has been correct or our treatment judicious. Sir William Jenner once said, "I don't think that anxiety about a patient ever kept me awake for five minutes in my life. I go to a bedside. I do my best. What more can I do? Why should I not sleep?" These words no doubt explain the fact that in spite of the hard work and heavy responsibilities with which his life was filled he lived to the age of eight-three. Having done our best, our duty to the patient and to ourselves demands that we should secure proper rest and sleep, and thus refit our minds for the labours and responsibilities of another day.—From an Editorial, *Hahnemannian Monthly*, May.

THE MICROBE THEORY.

"DIDN'T the poet from whom you were reading refer in one of his lines to the germ of immortality?" inquired Mrs. B.—of her husband.

"Yes, but that strikes me as carrying the microbe theory too far."—*St. Louis Med. and Surg. Journ.*

BRITISH HOMŒOPATHIC ASSOCIATION.

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May 15th, 1905 :—

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HAHNEMANN'S BIRTH-DAY IN CALCUTTA.

THE tenth of April was an auspicious day this year, particularly with the homœopaths of Calcutta. The Hahnemann anniversary in connection with the Hahnemann Society was celebrated by some of the homœopaths in the hall of the Indian Association for the Cultivation of Science, founded by our late illustrious colleague, Dr. Mahendra Lal Sircar. Dr. Akhoy Kumar Dutta, the secretary of the association, addressed the meeting in a few chosen words, trying to prove the validity of the homœopathic system of treatment from the scientific standpoint. A proposal was also made for the establishment of a charitable dispensary in honour of the late Dr. Mahendra Lal Sircar, and Dr. Amrita Lal Sircar was appointed treasurer to collect subscriptions for the same. Dr. Haro Nath Rai presided over the deliberations of this meeting, and the celebration was terminated with a vote of thanks to the chair.

In the evening there was a reception held in the house of Dr. D. N. Ray, where all the homœopaths of Calcutta and the vicinity gathered together in a body to celebrate the birthday of the master, Samuel Hahnemann.

Over one hundred guests were present, and they all united to make the occasion as pleasant and agreeable as possible. It did a person's heart good to see the reunion of old friends, some doctors having come from such distances as Jubbulpur and Patna, to unite and celebrate this great occasion. A song was composed especially for this occasion by Babu Ram Chandra Banerji, and was very much appreciated by all. Instrumental music and Edison's phonograph also tried to entertain the guests. Light refreshments were served to all, while a great number of the doctors were entertained with a sumptuous dinner afterwards.

A sprinkling of ladies made the occasion all the more agreeable. Our host was all kindness and attention to the guests, and the members of the reception committee, Drs. N. N. Sett, S. K. Nag and J. N. Majumdar, worked hard to make the occasion a grand success.—*Indian Hom. Review.*

CHELIDONIUM AND GALL-STONES.

WE rarely publish cases of cure reported by the patient, but the following letter to the *Homœopathic Envoy* of May is worth reprinting and recording.—*Eds. M. H. R.*

"When one has suffered such intense pain and agony that they feel they can sympathize with the old-time victims of the Inquisition when they were broken on the wheel and torn on the rack, and they have obtained relief, or cure, it seems to me it should be a pleasure, as well as a duty owed to humanity, to find how many of their fellow sufferers they may reach, by tongue or pen, that they may be benefited by their experience. And the best way I know of accomplishing this object in my case is through the columns of the *Homœopathic Envoy*, in which I found what has been of inestimable value to me. For years I have suffered at intervals of from six to eight weeks terrible and almost unbearable pain, commencing usually under the right shoulder blade or sometimes in the stomach and gradually reaching all over the body, those in the abdomen being excruciating. I had treatment from different physicians, each giving the trouble a different name and prescribing different remedies, none of which seemed to give me even temporary relief; not even morphia, and drugs of that nature disagreed with me, they seemed to intensify my suffering, so finally nothing remained for me when the attacks occurred but to summon all the grit and endurance I possessed, and suffer through unaided. I used to think each time I could never live through another. This state of things went on for years, the attacks became more and more violent, and the intervals between shortened, until at last one occurred of unusual violence. I was very ill and a doctor was called in; a consultation followed; one pronounced it appendicitis, and one, wiser than the others, immediately pronounced it gall-stones, said the only chance I had for life was an immediate operation. I was taken, more dead than alive, to the hospital, laid on the operating table, and found to be suffering from *both* appendicitis and gall-stones; the appendix was removed in a very diseased condition, the gall-bladder opened, and eleven large gall-stones taken out. My chances for recovery were small, but I had beautiful care and the best of medical attendance, and I slowly came back to comparative health. I naturally thought my old trouble was conquered, but as weeks passed by and my strength increased, back came the same dreadful pains, light at first, but gradually increasing as before. After two or more years the cut made by the operation gave way and I was again laid on the operating table, this time for umbilical rupture. After a time I recovered in a measure from this,

but as before, the hepatic colic returned with my returning strength more and more often, till at last there was only *six days* between attacks; this gave me no chance to recover from the weakness and prostration of the previous attack, life became very hard for me, my hope and courage nearly failed, for I was told there was no remedy that would prevent the recurrence of these dreadful attacks. Just at this time a copy—the first and only one I ever saw—of the *Envoy* came to my notice, and my attention was at once attracted to an article, entitled “Just a little Plain Prescribing,” by Dr. S. D. Johnson, Milwaukee, Wis., in which was a little paragraph on his mode of treating suffering caused by gall-stones. As the drowning man clutches at a straw, so I almost without hope grasped this last chance of relief, and knowing I surely could suffer no more than I had, determined to try his method. I at once wrote Dr. Johnson; obtained some chelidonium. I lost no time in commencing to take it. I was just beginning to have another attack, and feeling quite desperate took the dose in just half the time ordered (for a few hours), then returning to the time prescribed. To my great and most happy astonishment the pains grew lighter and lighter, and finally passed away in the mildest attack I had had for months, and now, after *three months’ time*, *I have never had another attack of hepatic colic*. Only those unfortunate mortals that have suffered in a like manner can appreciate all that sentence means to me. Not having that tax on my strength to recover from, my general health is improving, and at the present time I am feeling better than I have for four years. I am still taking the chelidonium, and shall continue it awhile longer. I can never be sufficiently thankful to Dr. Johnson for writing that article, nor to the *Envoy* for publishing it, and the kind Providence which brought it to my notice.

PUTNAM, CONN.

E. GLEASON.

DIETETIC PREPARATIONS.

CLARNICO COCOA.

COCOA is largely consumed at the present day, and there are many excellent preparations of it on the market already. Messrs. Clarke, Nickolls, & Coombs, Ltd., have, however, brought out another preparation of it, called “Clarnico cocoa.” It is an excellent preparation, guaranteed to be pure, and with the excess of fat removed, and has all the pleasant flavour of good cocoa. It is cheaper in price than other brands. Messrs. Clarke, Nickolls, & Coombs’ jams are so well known for their excellence that the reputation of their firm is a guarantee of itself of the Cocoa which they are now putting on the market.

SALE OF WORK AND GARDEN FÊTE IN AID OF THE LONDON HOMŒOPATHIC HOSPITAL.

SINCE going to press, we learn that Field-Marshal the Earl Roberts, G.C.B., V.C., will grace the Fête with his support and presence, and that Sir Laurence Alma-Tadema, R.A., has generously presented one of his pictures for the Sale of Work. For further notice of this event, we refer our readers to page 327.

OBITUARY.

LORD GRIMTHORPE.

It is with much regret that we learn that Lord Grimthorpe departed this life on April 29, at the advanced age of 89. He had a fall a week before, from the effects of which he never rallied.

It is not necessary, in our pages, to speak of Lord Grimthorpe's general career, which has been fully related in all the newspapers. But to the cause of homœopathy he is a great loss, and we cannot pass over his death without notice. He was not only a staunch believer in, and ardent adherent of, homœopathy, but he put his great gifts of controversial writing at the disposal of the cause. Whenever anything in the way of active support called for his aid, he was always to the front. He was chairman of the Board of Management of the Margaret Street Infirmary for Consumption, when the determined effort was made by the staff, in 1887, to oust Drs. Jagielski and Marsh from their posts as Physicians to the Infirmary, and it was mainly through his influence and action in the matter, along with that of Dr. Dudgeon, that the attempt signally failed, and was followed by the resignation of the rest of the staff. It was on account of the open and undisguised treatment of the patients under the care of Drs. Jagielski and Marsh by homœopathy, that the wrath of the other members of the staff was roused, the result being a signal success for the homœopathists, and for liberty of practice. In the following year, 1888, arose the incident of the expulsion of Mr. Kenneth Millican, from the staff of the Queen's Jubilee Hospital, on account of his liberal and enlightened views on homœopathy, and of his claims to exercise the right to practice in accordance with his conscientious convictions. This, it will be remembered, resulted in a long series of letters, on both sides, in the *Times*, under the heading of "Odium Medicum," and in this controversy Lord Grimthorpe took an active part, in his usual energetic and incisive manner.

This controversy ended, it will also be remembered, by a leading article in the *Times* summing up the whole, and stating that all the honours had fallen to the homœopaths.

The whole homœopathic section of the profession, and the homœopathic public, looked on Lord Grimthorpe as one of their ablest champions, and his loss is universally deplored. We are only too glad to put on record our high appreciation of his great abilities, and to look back on his career with pride and gratitude.

CORRESPONDENCE.

CHLOROFORM AND COAL GAS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRs,—I have frequently noticed the irritating vapour which is produced when administering chloroform in a gas-lit room. The enclosed extract from *Il Polid clinico* (*British Medical Journal*, April 22nd) will be of interest to anæsthetists and surgeons.

Believe me, yours faithfully,
J. ROBERSON DAY,
Consulting Anæsthetist to the
London Homœopathic Hospital.

"CHLOROFORM AND COAL GAS.

"G. Betagh (*Il Polid clinico*, December, 1904) describes a research undertaken to determine the effects of administering chloroform in the near neighbourhood of a gas flame. The inquiry was suggested by the result of the installation of a gas stove in an operating theatre so large as to be unduly cold. The stove was situated more than three metres from the head of the operating table. Two operations were performed under chloroform. The anæsthetist suffered from headache during the administration, and afterwards vomited. His two assistants also suffered from headache and a sense of illness. One of the patients, a woman of 23, underwent laparotomy for an ovarian cyst. The operation was completed without any mishap, but afterwards the patient suffered from severe vomiting and convulsions. For some hours her pulse was very feeble and frequent. Her urine, which before the operation was free from albumin, now contained albumin, and on the next day hæmoglobinuria, hæmaturia, and cylindruria were observed. For some days the skin showed a slight yellow tint. Chronic nephritis was established. The other patient was a man, aged 43, suffering

from malaria and an enlarged spleen, and operated on for inguinal hernia. Some hours after the operation he showed signs of collapse. In spite of prompt treatment he died twelve hours after operation. Much blood was found in the abdomen and in the tissues at the seat of operation, and no mechanical explanation for this hæmorrhage could be discovered. The author supplies references to several somewhat similar cases of injury which have been attributed to poisoning by oxychloride of carbon, a product of the evaporation of chloroform in the presence of the products of combustion of coal gas. But blood changes have been attributed as early as 1848 to chloroform itself without gas, and more recently albuminuria and cylindruria, but not hæmoglobinuria, have been ascribed to the action of chloroform alone. In the case of Stempel febrile hæmoglobinuria and albuminuria lasting for some weeks have resulted from the inhalation of the fumes from a gas stove, the causation of the symptoms being as far as possible substantiated by experiments on animals. To clear up these ambiguities, Betagh experimented upon twelve dogs and rabbits, sometimes chloroforming them in the immediate neighbourhood of a gas jet, and sometimes leading to the chloroform mask the products of combustion of a distant gas jet. By poisoning with the products of the combustion of gas much less harmful effects were produced than by evaporating the chloroform in close proximity to the gas jet, and Betagh suggests the possibility that Stempel may be mistaken in attributing his symptoms to coal gas without chloroform. Microscopical examination of the tissues of animals dying soon after the administration of chloroform near a gas jet showed small extravasations of blood into the lungs, and passage of the blood elements into the interstitial tissue between the alveoli, enlargement of the spleen, with many red corpuscles in the pulp, and some true extravasations of blood, changes in the liver, sometimes including the formation of necrotic areas. The most important changes were in the kidneys. The Malpighian capsules were full of blood, and there was much congestion, especially in the cortical substance. There were extravasations of blood into the connective tissue, with red corpuscles inside the tubules. In some places the tubular epithelium was turbid, swollen, or necrosed. An illustration shows some of these changes. The principal point established by the experiments and by the clinical cases described is that the decomposition of chloroform by a gas flame liberates products which are not only harmful to the lungs, as the cases of other observers would tend to suggest, but also poison the internal organs, causing in them hæmorrhagic lesions."

LIVERPOOL MEDICAL CLUB.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—It may possibly interest some of your readers to know that the writer has been elected a Director of the "Liverpool Medical Club." Whilst thanking my friends for this honour, one may perhaps be permitted to say that, from the point of view of militant homœopathy, it is a questionable advantage. Homœopathy as a "Specialism" exists less than it did, because all Practitioners are now more or less Homœopaths, without knowing it, but the public does. Shall I say unfortunately?

Yours faithfully,

LIVERPOOL, April 25.

WM. CASH REED.

STROPHANTHUS ϕ .

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Attention having been called in your pages to the varying strengths of the tinctures of Strophanthus, we crave permission to explain to your readers that since its introduction, now many years ago, we have always, in making the tincture, adhered to the proportion of 1-20, for the following reasons:—

1. It was prepared in this strength when originally introduced and prescribed by homœopathists clinically, and we were specially requested to adhere to it by those of our medical friends who prescribed it.

2. A fine specimen of the seeds does not appear to be even nearly exhausted by ten parts of rectified spirit, when carefully packed in the percolator, but yields a strong, bitter, flavour when percolated with a further addition of spirit. Hence a 1-10 tincture might not represent the soluble and comparatively insoluble constituents of the drug in their proper proportions, and might differ in composition from the tincture (1-20) which was used in the provings (*Cyclop. Drug Path.*, vol. iv.) Therefore we submit there is good reason for associating this drug with such remedies of the *B. H. P.*, as *ambra grisea*, *cactus*, *curare*, *moschus*, *opium*, etc.—all prepared in the proportions of 1-20.

We may remark that the British Pharmacopœia now directs the tincture to be prepared in the latter proportions, and afterwards diluted to 1-40—probably for the purpose of regulating the dose.

A 1-10 tincture is not necessarily double the strength of the 1-20 for the reasons we have stated.

Yours faithfully,

59, Moorgate Street, E.C.

E. GOULD & SON, LTD.

May 17th, 1905.

NOTICES TO CORRESPONDENTS.

. We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMOEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.; Dental Cases, Fridays, 9 A.M.

Communications have been received from Drs. BURFORD, GOLDSBROUGH, E. A. NEATBY, M. TYLER, Mr. DUDLEY WRIGHT, Mr. F. KING, Mr. ATTWOOD, Messrs. GOULD & SON (London); Dr. CASH REED (Liverpool); Dr. E. B. NASH, Messrs. BOERICKE & RUNYON New York; Dr. GARDINER GOULD (Sutton).

. Dr. GARDINER GOULD has removed from Streatham to Northcot Grange Road, Sutton.

BOOKS RECEIVED.

The Obligation of the Physician in the Care of Obstetric Cases. By B. Frank Betts, M.D., Philadelphia. *The A B C Manual of Materia Medica and Therapeutics.* By G. Hardy Clark, M.D. 2nd edition. Philadelphia: Boericke & Tafel, 1905. *Static, High Frequency, Radio, Photo, and Radium Therapy.* By W. Harvey King, M.D. New York: Boericke and Runyon, 1905. *Man: an Introduction to Anthropology.* By M. E. Rotzell, M.D. 2nd edition. Philadelphia: John Joseph Vey, 1905. *Annual Report of the Hahnemann Convalescent Home, Bournemouth, 1905.* *Hom. World*, May. *Journal of Brit. Hom. Soc.*, April. *Vaccination Inquirer*, May. *Calcutta Journal of Hom.*, March. *Indian Hom. Review*, March and April. *Leicester Daily Post*, May 12. *Hobart Mercury*, April 14. *Hom. Envoy*, May. *New England Med. Gazette*, April and May. *University Hom. Observer*, April. *Chironian*, April and May. *Clinique*, April. *Medical Brief*, May. *Medical Times*, May. *Hahnemannian Monthly*, May. *Medical Advance*, April. *Pacific Coast Journal of Homoeopathy*, April. *Medical Century*, May. *American Physician*, May. *North American Journal of Hom.*, May. *La Clinique (Paris)*, May. *Revue Hom. Française*, March and April. *L'Art Medical*, April. *Hom. Maandblad*, May. *Allgemeine Hom. Zeitung*, April 27 and May 16. *Annaes de Medicina Hom.*, Jan. *Zeitschrift des Berliner Hom. Aertse*, April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC ASSOCIATION. GARDEN FÊTE AT HAM HOUSE.

IN July of last year, it will be remembered, the Ladies' Branch of the British Homœopathic Association organized a most successful Garden Fête at the Botanic Gardens, Regent's Park, in aid of the funds of the Association. It was the first thing of the kind that had been attempted on such a large scale in the interests of homœopathy, and if the pecuniary results were hardly up to the anticipated amount, owing to the heavy expenses entailed in making the Fête one of the leading functions of the season, it was generally felt that the prominence which it gave to the work of the Association in the view of the public, and to homœopathy as a living thing, in spite of the often repeated assertion by our friends of the old school that homœopathy is dead, amply justified the view that the Fête was an unqualified success. It was found also by the Committee of the Ladies' Branch that experience would enable them on a future occasion to organize another fête on the same lines and with the same object, at much less outlay, and so materially aid the pecuniary resources of the Association in carrying on its important educational and missionary objects. It was therefore resolved by the Ladies' Branch to repeat the experiment this year, notwithstanding the effort now being made to raise money to reduce the large

debt on the London Homœopathic Hospital. Had it been decided to have the second Fête at the Botanic Gardens as last year, we should have had doubts as to the wisdom of the undertaking in the present year, considering, as we have said, the necessity for the strenuous effort to put the funds of the Hospital on a more satisfactory basis which is being carried out so energetically, and with such signal and encouraging results, by the Board of Management of the Hospital, backed up, as it is, by the unanimous support of the medical and surgical staff.

But as soon as we learned that the EARL OF DYSART, whose devotion to homœopathy and to its active propaganda is so well-known, and who has on all occasions so munificently given of his wealth to further the cause, had graciously promised to allow the Fête to be held at his princely residence, Ham House, near Richmond, all our misgivings vanished. Such a unique opportunity seldom comes in the way of any public body. In fact, we believe that on only one other occasion has LORD DYSART allowed any fête or gathering of a similar kind to be held at Ham House. It would have been simple folly to have done other than accept with gratitude this magnificent offer to the Association.

Ham House and its grounds are hardly known to the public except by name. It contains so many valuable treasures, artistic and historical, that it is only known to LORD DYSART's personal friends. As the *Westminster Gazette* of January 31st said: "Few Londoners, probably, are aware of the fact that, within ten miles of Charing Cross, there stands among its gardens and walled terraces an ancient palace which might well seem to have slept for twice a hundred years, closely guarded, inaccessible, and where if the ghosts re-visit, as they well may an abode so full of memories, they find little changed since the days of the last Stuarts and the first Georges. This is 'Ham House,' near Richmond, whose owner is Lord Dysart."

Hence it is that the Fête will have unique attractions, and those who do not avail themselves of this opportunity will probably never have again in their lifetime such a chance. Not only will, we are sure, large numbers of visitors who are interested in homœopathy and in the work of the Association attend the Fête, but the event will attract from far and near all lovers of art treasures, and of historical associations and relics, when they learn that such

a unique opportunity is at last put within their reach. LORD DYSART, we understand, intends to be present personally to welcome his visitors on this auspicious occasion, and so add the crowning feature to his generous hospitality. He has consented, on this occasion, to throw open the State Rooms, all of which are extremely interesting from both an art and a historical point of view.

Ham House was built in 1610 by SIR THOMAS VAVASOUR, and his initials, "T. M. V.," are above the door. It was received as a grant from CHARLES THE FIRST by WILLIAM MURRAY, first EARL OF DYSART, a Scots title derived from Dysart in Fifeshire. His daughter and heiress, ELIZABETH MURRAY, COUNTESS OF DYSART in her own right, married SIR LIONEL TOLLEMACHE, the 3rd baronet, and on his death she was married a second time to the famous DUKE OF LAUDERDALE, the "L" of the "Cabal," who was "Heritable Standard Bearer of Scotland"; his descendant, the EARL OF LAUDERDALE (the dukedom having become extinct), still retaining this ancient honour. The Duke was not exactly popular in his day. From being originally a supporter of Presbyterianism, he veered round to the opposite side, and was the instrument of the confinement of many innocent Presbyterian ministers, whose only crime was the fact of their being such, on the Bass Rock, where they suffered such hardships and miseries that many succumbed as martyrs. He was one of the famous "Cabal" in the reign of CHARLES THE SECOND, which regularly met in one of the rooms in Ham House, known now as the Cabal Room. This room has been so carefully preserved that it exists at the present day, furniture and everything in it, exactly as it was in the time of the Cabal, and hence is of extreme interest.

Of Ham House, JOHN EVELYN, in the reign of CHARLES THE SECOND, writes in his famous Diary: "After dinner I walk'd to Ham, to see the house and gardens of the DUKE OF LAUDERDALE, which is indeed inferior to few of the best Villas in Italy itself; the House furnished like a great Prince's; the Parterres, Flower Gardens, Orangeries, Groves, Avenues, Courts, Statues, Prospectives, Fountains, Aviaries, and all this at the banks of the sweetest River in the World, must needs be admirable."

The grounds cover about thirteen acres, in which are the

"Wilderness" (in which afternoon tea is to be served), the "Melancholy Walk," old wooden seats, and "the long Benches of Deale painted," these dating from the time of CHARLES THE SECOND.

The River Front of Ham House was called in 1679 the Cloisters and Fore Court, the Cloisters being enclosed arcades on either side of the House. The Principal Door is a very fine old structure, and one enters directly into the handsome Hall, which is paved with black and white marble, and from it ascends the grand staircase. The Private Chapel is a very interesting and uncommon one. On the altar lies a folio Prayer Book, magnificently bound, with the Royal Arms on its cover. This was presented to the EARL OF DYSART by CHARLES THE FIRST.

At the top of the staircase we find the interesting State Apartments. We have not space to describe them fully, but we understand that a hand-book is to be printed and sold for the information and guidance of the visitors. We can only here indicate them shortly: the great Dining Room; now called the Round Gallery; the North Drawing Room, or Tapestry Room, in which is preserved a lock of hair cut from the head of the EARL OF ESSEX, who was executed by the orders of QUEEN ELIZABETH; the Long Gallery or Picture Gallery, full of most interesting portraits, interesting historically as well as artistically; the Queen's Bedchamber, so called because it was occupied for a time by CATHERINE OF BRAGANZA, CHARLES THE SECOND'S Queen—its name was changed to the Cabal Room from its having been used, as we have already stated, for the meetings of the famous Cabal from 1667 to 1674, and it has been allowed to remain exactly as it then was; the Miniature Room, full of the finest and most valuable miniatures by the masters of the period. A writer and a connoisseur says of them: "There is, perhaps, no other collection of miniatures in England so choice in quality, or so various from the point of view of the artist, as in this little series of Ham, ranging as it does over so long a period of art." There is a miniature of QUEEN ELIZABETH by HILLIARD, one of the COUNTESS OF DYSART by HOSKINS, and others by COSWAY, PLIMER, WOOD, DES GRANGES, SAMUEL COOPER, etc. Lastly, the Library is almost unique. It is small in size, but contains in proportion to its size more valuable books than any other library.

There are about 3,000 volumes, among which are the Book of Common Prayer of 1552, 1615, 1622, and 1669, the Scottish Book of Common Prayer of 1637, with the Arms of CHARLES THE FIRST on it, fine specimens of several CAXTONS, and numerous Black-letter books. There are no second-class books, but all are of the finest and most valuable description. On account of the great value of the contents of the Library, only a very favoured few are ever admitted to inspect them.

We have said enough to indicate the unique charms of Ham House, its art treasures, and its grounds, to make one's mouth water at the prospect of having the chance, perhaps once in a lifetime, of seeing such things. The desire, not only of those interested in the success of the Fête from a homœopathic point of view, but of the artistic and novelty-loving public, to avail themselves of this great opportunity will be, we expect, such that the numbers who come will be quite unprecedented. In fact, the success of the Fête is certain, and we congratulate the British Homœopathic Association in anticipation.

The Fête takes place on Saturday, July 15th, from 3 to 6.30 o'clock.

In addition to the attractions of the house and grounds, one of the principal military bands will perform during the afternoon, and other forms of entertainment will be given in the grounds.

Afternoon Tea will be served in the "Wilderness" from 4 to 6 o'clock.

Tickets are issued at half-a-guinea each (or three for twenty-five shillings, or six for two guineas, *only if taken before the day of the Fête*), and may be obtained from CHARLES STEWART, ESQ., Hon. Sec. of the Fête Committee, 2, Marchmont Road, Richmond, S.W., or from MR. F. KING, Secretary of the British Homœopathic Association, 233a, Regent Street, London, W., who also will give full information as to the modes of access to Ham House from Richmond or Twickenham.

THE AMERICAN INSTITUTE OF HOMŒOPATHY AND COLLECTIVE INVESTIGATION.

WE have much pleasure in bringing before our colleagues, in the pages of the *Review*, the following letter and appeal

from DR. WALTER WESSELHOEFT, of Cambridge, Mass., U.S.A., Chairman of the Committee of Hospital Statistics of the American Institute of Homœopathy, on the above subject. It is one of great importance, and we feel sure that the proposal will be warmly received, and that steps for discussing the question and aiding in the movement will be adopted.

CAMBRIDGE, MASS., U.S.A., June 6th, 1905.

DEAR CONFRÈRE,—I beg to send enclosed an appeal for which the Committee whose aims it sets forth hope that space may be found in the pages of the *Monthly Homœopathic Review*.

A communication in the May number of the *North American Journal of Homœopathy*, from Dr. Burford and Mr. Dudley Wright, who are officers of the London Homœopathic Hospital, asks for the consideration of steps for the furtherance of concerted action in all countries to advance the interests of homœopathy, both political and scientific.

We hope our British colleagues will see in the movement to establish in our hospitals a method of accurate clinical research a measure calculated to advance these interests.

A brief preliminary report is to be presented by the Committee at the approaching meeting of the Institute at Chicago. We ask now for suggestions from all quarters to aid us in elaborating a plan of action to be adopted in all homœopathic hospitals, and adhered to for a period sufficiently long to ensure unquestionable results. The fullest discussion of the subject in our journals, societies, and, above all, among the members of our hospital staffs, is desired.

With best regards,

Believe me, fraternally yours,

WALTER WESSELHOEFT.

DR. DYCE BROWN,
LONDON.

THE APPEAL.

The Committee of the American Institute charged with the elaboration of a plan to ensure and collect the most trustworthy statistics of the results obtained in our hospitals, hope to enlist the interest in their work of all physicians sincerely desirous of demonstrating the superiority of our method and the soundness of our theory.

The work appears of such far-reaching importance, and is surrounded by difficulties so great, that well considered suggestions and co-operation from all quarters are earnestly desired.

Inasmuch as the difficulties to be met arise in so large a measure from the conflict among us of individual opinion and experience, the first question to present itself is no other than the fundamental one, What is homœopathic treatment? This point once agreed upon, the solution of the remaining problems will be comparatively easy, though it call for answers to questions as weighty as those touching the limitations of our method; the indications for the particular remedy in the individual case; the range of dosage to be first put to the test; the class of cases to be made the subject for observation; the aids and secondary therapeutic measures to be consistently admitted; the length of time for each series of observations, and many more of equal importance and complexity.

It will be seen at once, that the presentation of these questions will precipitate the controversy on every point on which the followers of Hahnemann have differed for close upon a century. But no candid man will deny that, with every year, the demand is growing more urgent and irresistible for a well directed and sustained effort to reach a position from which it will be possible to progress more rapidly than we have done during the last fifty years. Nor will it be denied that, with all the ability displayed in the maintenance of conflicting positions, and all the force of individual opinions, we are not in possession of such a body of clinical knowledge on which we can agree, as can be confidently taught in our schools, or which can influence the profession at large. Despite our numerous and important advances, and the powerful reforming influence exerted on medical thought and practice by our principles, our position at present is more nearly that of assertion than of proof, of divergent theories, and of experiences unverified save in the estimation of individuals or parties, rather than of teachable knowledge and the genuine effort to combine in harmonious research. To divert from this unfruitful field the means and energies now expended in unorganized labour, to that of rigid experimentation surrounded by every rational safeguard against error, is the aim of the Committee now seeking the adoption of measures calculated to evolve a degree of

certitude in therapeutics beyond the reach of current clinical methods, whether within or without our hospitals or the limits of our school.

To reach an agreement as a basis for the evolution of this greater certitude, the first requisite is the cultivation of that scientific attitude of mind which, while it abandons no sound principle and disregards no valid experience, yet holds firmly in abeyance all preconceived notions, all unsupported individual opinion, and all purely theoretical assumptions. No lasting advancement in knowledge has ever arisen save out of this strictly objective mental attitude. The demand for accurate, self-sacrificing work and enquiry is in no sense to be looked upon as a challenge to any party or faction, but solely as a call for sober, patient and harmonious research, such as befits a scientific investigation, notwithstanding the fact that the final aim is the determination of the comparative merits of opposing views and methods. The obstacles to be primarily overcome, therefore, are not so much those inherent in the scientific problems, but rather those inhering in the imperfection of human nature. To escape from the evils of this imperfection, which are nowhere more apparent than in therapeutics, there is but one known course, the pursuit of the scientific method ruled by the scientific spirit, which vaunteth not itself, is not puffed up, is patient and thinketh no evil, seeketh not its own, and rejoiceth in the truth.

For the work proposed two modes of procedure suggest themselves. Since in the main our school is divided into two parties who—unlike the old school, in which the agreement to differ is the only agreement—agree only in getting wider apart, either the Institute may select one large hospital of which the staff declares itself ready and willing to submit to rigid rules of observation and record, or all our hospitals may rise to the occasion and pursue each its own chosen method, or, if preferred, two side by side under the same rules, and all under the control of an impartial body of supervisors charged with the frequent scrutiny of the work, the final summing up of the results.

The rules to be devised would be so framed as to insist on the most accurate diagnosis possible, allowing for obscure cases ; on the clearest statement of the indications for treatment, general and special, more particularly of the indications for the drug and the dose, for adjuvants,

hygienic, dietetic, mechanical, palliative, hydro-therapeutic, in fact all measures other than purely homœopathic.

The cases to be observed might be all the medical ones presenting themselves, and such conditions occurring in surgical cases as are recognized as calling for medical treatment, or certain classes of acute and chronic affections might be selected for continued observation through a series of years. As the object would be to show forth in the fullest possible measure the results of homœopathic treatment, the records, which must be exhaustive, would have to note clearly and understandingly every departure from it. Since there is a deplorable lack of funds in all our institutions for the adequate support of officers appointed exclusively for more detailed and exacting work, this would necessarily throw upon every existing staff the burden of labours differing in many respects from those now so willingly carried on under the stress of limited time and means. It would seem advisable, therefore, to so restrict both observations and records as to ensure work of the highest character, having about it the least possible taint of routine and vagueness.

The Committee feel that the time has arrived in the history of homœopathy, indeed of therapeutics, for a great effort in the direction of unity in action in the testing of our experience, and in placing our principles on a more secure foundation than that of theory or individual opinion. Hence this appeal for support and earnest consideration of our status. Without the aid of many minds and a willingness on the part of hospital physicians to engage in the work, the Committee are powerless. The confidence reposed in us by the public which so freely supports our hospitals; the crying need of our schools, so largely sought by eager students looking for sound practical knowledge; the position we still occupy as a sectarian and misunderstood body, excluded in so large a degree from the scientific advantages of the profession; and last, but by no means least, the demands of science and humanity, call for the initiation of a reform in our methods of clinical research, the responsibility for which we can no longer disregard. We are now called upon to realize that not material progress, not the gain of hospitals, schools, and organizations constitute advancement in knowledge, or that their possession demonstrates superior therapeutic results, but that these flow solely from the character of the work they perform.

The objections to the proposal hitherto met are without weight. They come either from those who fear to disturb existing conditions, or from others who already feel themselves in possession of all attainable knowledge. They claim to have on their side common sense. But common sense is neither wisdom nor science, and never helps a reform until the reform has helped itself.

FOOT AND MOUTH DISEASE.

By FRANK A. WATKINS, M.R.C.S., L.R.C.P., L.S.A.

Pathologist to the London Homœopathic Hospital.

AN outbreak of this disease having recently come under my supervision in the capacity of family physician, and as it is a disease which so rarely afflicts the human race, I have thought it of sufficient interest to bring to the notice of my medical confrères.

This complaint affected in succession five members of one family at short intervals within a period of fifteen days. They were all girls, and their ages were respectively 16, 14, 12, 9, and 5 years. Only one child, a boy of 7 years, escaped the complaint.

The fever in each case commenced abruptly, reaching 103° F. during the first twenty-four hours of the illness; and subsequently slowly declined until it reached the normal on the tenth to fourteenth day, though the local manifestations did not quite disappear until the end of the third or fourth week. The signs, symptoms, and course of the disease were remarkably uniform in all the cases, so that I will only give the detailed notes of one.

J. E., age 12 years; taken ill on April 25th, 1905. Complained of nausea and headache and appeared to be feverish.

April 26th.—I saw her for the first time to-day, and found her condition as follows: Face flushed, temp. 103·5°, pulse 130, complained of feeling poorly but of no definite symptom with the exception of a slight soreness of mouth; was sure there was no soreness yesterday, gums and mucous membrane of mouth seem to be somewhat redder than normal, no rash on body.

April 28th.—Temp. 102°, gums red and spongy, vesicles and white translucent patches (consisting of thickened mucous membrane) on mucous membrane of cheeks.

April 30th.—Temp. 100°, gums bleeding from small fissures, vesicles on mucous membrane of lips and on both wrists, tongue thickly coated with white fur as though it had been plastered on.

May 5th.—Temp. normal for the first time to-day, less inflammation of the mucous membrane of the mouth, but there is too much tenderness yet to allow of mastication of bread.

That the disease should be classed not as a simple infectious stomatitis, but as an acute specific infectious fever the result of a general blood infection, would be indicated from the fact that the affection commenced by a general systemic disturbance before any local lesion was manifested, and that the disease only became fully developed when the specific organism or toxin produced the characteristic lesions, viz., the vesicular stomatitis and the vesicles on the extremities.

All the patients made an uneventful recovery under a suitable diet according to the stage of the disease; the administration of merc. cor. 3 internally, and the use of an antiseptic mouth wash of listerine.

There was no evidence to show what was the source of the infection. It is said that ruminants may convey the disease to domestic animals, such as dogs and cats, and that these in their turn may infect human beings; but in this household they appeared to be quite healthy. Suspicion therefore next fell upon the milk supply, and on enquiry I found that no steps had been taken to ensure its sterilization—that all-important precaution against the spread of infectious disease.

THE MEDICINAL TREATMENT OF GALL-STONES.*

By S. H. RAMSBOTHAM, M.D.

It is not my purpose to-day to enter into a general discussion of the subject of gall-stones; it is rather to invite your attention to one point only, viz., their medicinal treatment, including in that term all measures other than surgical of which we can avail ourselves.

* Being a "Wednesday Lecture" delivered under the auspices of the British Homœopathic Association, at the London Homœopathic Hospital, May 24th.

To provide myself with a text on which to speak, I desire in the first place to sketch briefly the history of three cases, not entering into full detail, but summarizing them and bringing before you the points most pertinent to our present enquiry.

The first case is that of T. T., a young lady aged 22, to whom I was called in August 1882.

Always subject to neuralgic or bilious headaches, she had, since the age of 12 or 13, suffered from occasional attacks of epigastric pain, accompanied by nausea, and sometimes by vomiting. For the last three years this pain had been almost constant, deterring her from taking part in those social functions which are the peculiar enjoyment of young people, because any extra exertion such as dancing, a game of lawn tennis, or the like, was sure to be followed by a sharp attack of pain. Her family history was fairly good, though gouty and bilious tendencies existed on both the father's and the mother's side. At the time of my visit she was evidently suffering severe pain, but it was not increased by pressure over the abdomen, there was no rise in temperature, no jaundice, nor could the outline of the gall-bladder be defined. But the character of the pains was very suspicious, and my questions soon elicited the information that the then leading consultant in the North of England, whose advice had been asked, expressed the opinion that, notwithstanding the youth of the patient, gall-stones would be found to be the source of all the mischief.

During the next ten weeks I attended her regularly. She was confined entirely to bed, and though wishful to be up and about, found all her efforts unsuccessful. Her appetite was variable; now absent, when only champagne and Brand's Beef Essence could be tolerated; now perverted, when such unusual delicacies as "rice and curry gravy" were the objects of her desire. Jaundice came on, the skin gradually deepening in colour; the pain was almost constant, exacerbations occurring at irregular intervals. There was but slight febrile reaction, and no syncope occurred. At the end of these ten weeks, after 40 hours of intense agony, the stone escaped into the intestine, and was finally captured. Round, hard, with prominences like those on a mulberry, and showing no trace of attrition, it was so evidently a solitary calculus that I felt justified in cheering the patient and her friends with the hope that she

would probably never see another. Up to the present that hope has been realized, for, though often suffering from "biliousness," the patient has never experienced anything even remotely suggesting an attack of gall-stones.

The age of the patient is a point of interest in this case. Gall-stones are most frequently a disease of adult life ; but here was a young lady barely past the period of adolescence, who had for years suffered from symptoms which in the light of subsequent events could only be considered as caused by the presence of a calculus in the gall-bladder, though at the time of their occurrence they had received a different interpretation.

The second case has been under my observation more or less since 1886, when A. M., an unmarried lady, aged 36, but looking younger, came to Harrogate for a course of the mineral waters, by the advice of the late Dr. Drysdale. During the preceding autumn she had a prolonged attack of jaundice, from which she recovered but slowly, and a chill in the early spring left her with a chronic derangement of the liver, which brought her to Harrogate. The icteric tint of the skin was well marked, the liver was neither enlarged nor tender, nor could the gall-bladder be felt. The doctor who had attended her in the first attack did not appear to have formed any definite opinion as to its cause, nor were gall-stones suggested by Dr. Drysdale. The illness was traced rather to over-fatigue coupled with anxiety and sorrow occasioned by the prolonged illness and death of her mother. A course of sulphur water, followed by the Kissingen Spring, greatly benefited her, the skin lost its yellow colour, and she returned home apparently cured. During the summer she had a series of slight attacks of pain over the region of the liver, which sent her to Harrogate in the autumn, when she again derived benefit from the Kissingen water. A winter at Cannes was followed by a course of treatment at Kissingen in the spring, and she came again to Harrogate in October, intending to remain about six weeks, and then to go south for the winter. Unfortunately, a chill induced an attack of peri-hepatitis, with high temperature, great pain and tenderness over the liver, but no jaundice. This illness was followed by cardiac weakness and neurasthenia, and the patient's condition was so unsatisfactory that in the following June (1888) Dr. Drysdale came over to see her. By his advice she went to Woodhall Spa, where she had an attack described as

"congestion of the liver." On her return thence she was under my observation in Leeds for about three weeks ; my opinion of the case then became distinctly unfavourable. There was great emaciation, the colour and texture of the skin were that of parchment, the very voice was altered, and the whole appearance was that of a person suffering from severe and acute dyscrasia. She went to Cannes for the winter, and remained there for six months, suffering from various ailments, among them an attack again described as "congestion of the liver." The following winter was spent at Ventnor, where early in 1890 she had an attack of influenza, her recovery from which was most unsatisfactory, the weakness seeming to increase rather than diminish during the period of convalescence. Her journey northwards was interrupted at Cheltenham, where she came under Dr. Ker's care, suffering from a nondescript neurasthenic condition for which he found it difficult to account.

From this time she has been entirely under my care, never quite well, suffering of course from a variety of ailments, but with a background throughout of hepatic disturbance characterized by discomfort rather than pain in the epigastric and hypochondriac regions, a sense of distension of the abdomen, chilliness, and a want of biliary colouring matter in the stools. I need not summarize these attacks, only mentioning that in 1896 she had an attack of chicken-pox, a very unusual affection for a patient aged 46, and that the illness and death of her only sister in the same year deeply affected her. Her lassitude and exhaustion were extreme, and many of her friends thought her sinking into a condition of chronic invalidism.

In 1902 she once again came to Harrogate for a course of the then newly-installed "Light and Ozone" electric treatment, concurrently with which she drank the magnesia water, the mildest of our sulphur springs. The treatment appeared to pull her more together, and develop greater nerve energy. But soon after her return home she was seized with a sharp febrile attack which lasted during August and September. The temperature curve at first resembled that of typhoid, but after a time it settled down, and for some weeks the morning temperature was slightly above or below the normal, the evening temperature a degree or a degree and a half higher. During October sub-normal temperatures prevailed, but the patient was never

well enough to leave her bed ; in November jaundice appeared, with heightened temperature ; and shortly thereafter paroxysmal pains set in, each attack being preceded by a rigor, and accompanied by a rise in temperature. Careful examination of the stools revealed the passage of nothing but biliary sand, till, on March 20th, a concretion the size of a filbert was found ; very soft and friable, and easily disintegrated by pressure. Since then she has greatly improved in health, has had no further similar attacks, and but few symptoms of liver disturbance. I cannot say she has become a strong woman, but she can and does enjoy life in a way which had not been possible for years.

In September, 1903, I was summoned to the third case, that of M. E., aged 46, the wife of a clergyman in the neighbourhood of Leeds. Married in 1866, she went to India with her husband, who had recently received an appointment as chaplain for the district of Cuttack in Orissa. The climate did not suit her ; she suffered from profuse and almost constant metrorrhagia, accompanied by severe neuralgia, and in 1870 she and her husband returned home. Thereafter she enjoyed fairly good health, living in different parts of the country as her husband's duties required, her chief ailment being migraine, from which she had suffered since childhood. After a time attacks of faintness, pain, and vomiting began to trouble her ; these were then looked upon as due to the migraine. In 1884, while residing in Essex, she had an attack of severe epigastric pain, accompanied by syncope. Jaundice developed so rapidly, and was accompanied by such profuse sweating, that her body linen was stained a deep yellow even before the arrival of the doctor. The attack was diagnosed definitely as one of gall-stones, and the key to the preceding attacks was thus found. No stone was discovered—probably it was not sought for—but after about a fortnight the jaundice disappeared, and the patient was able to return to her ordinary mode of life. For nine years she remained free from any further attack, actively engaged in the duties of a clergyman's wife, though I should mention that in 1887 she underwent an operation for the removal of hæmorrhoids. On my arrival I felt no doubt as to the nature of the attack ; the symptoms were too characteristic to allow of any mistake, and the diagnosis received full confirmation a day or two afterwards, when, careful search having been made,

a small stone was found, about the size of a pea, hard, and facettèd on all sides as a diamond. The character of the stone rendered it almost a certainty that the attacks would recur, and this they soon began to do with a frequency and severity which led to the suggestion of an operation as the only means of relief. This however the patient declined, so medicinal means only were resorted to. In the spring of 1897, after a winter in which she was scarcely ever free from the constantly recurring attacks, she went to Carlsbad, where she remained three months, passing one stone there, and another at Frankfort on her way home. In 1899 she again visited Carlsbad, more for the sake of prevention than cure; and in 1900 a severe attack drove her thither again. She had no further attack till the spring of 1904, when two more stones passed; and though she still at times feels the discomfort which had often heralded the passing of a stone, no fully developed attack has occurred.

I have dwelt on the history rather than on the symptomatology of these cases because they seem to illustrate fairly well the typical course of the disease, and yet show also how that type may vary in individual cases.

It is exceedingly difficult in the early stages, when the calculi may be supposed to be in process of formation, to elicit from a patient any account of symptoms sufficiently characteristic to allow of a definite diagnosis. And it is no less difficult, even after a regular attack of gall-stones, to get any accurate description of what took place at the beginning of an ailment which may have lasted for months or even for years before a distinct crisis occurred.

No. 1 and No. 3 alike dated the beginning of the ailment from the time when the pains were first felt. No. 3, when questioned as to her ill-health in India, replied that she had suffered from nothing which she could really associate with her liver trouble. Often patients can say nothing but that they had not felt well for some time previously. Or they can only specify, as No. 2 did, a general *malaise*, with a feeling of fulness or distension of the abdomen, and discomfort rather than pain in the epigastrium. Later indeed the evidence becomes more distinct. Febrile attacks referable to no known type, or traceable to no adequate cause, whether they be of the continuous type as in No. 2, or intermittent as in a case recorded in the *M.H.R.*, October 1896, or even chills followed by hot sweatings as in No. 3, ought to excite suspicion. The occurrence of paroxysmal

pains in the epigastrium, accompanied by nausea and vomiting, and sometimes even by syncope as in No. 3, render the diagnosis more clear; while the supervention upon these attacks of jaundice, however slight and however evanescent, make it a certainty which needs only the confirmation of a regular attack of "biliary colic." These paroxysmal pains, be it noted, are often excited by movement. No. 1 always suffered after dancing or other active exercise; and I have known No. 3 removed from a railway carriage and compelled to wait for the cessation of the pain before she could complete her journey. No. 2 did not suffer so much from these paroxysmal pains, at least in so acute a form, till the last stage of the ailment was reached.

If for a moment our attention may be diverted from the purely therapeutic side of the question, an interesting by-path leads to the consideration: How far does the character of the different concretions explain the variations in type? In the first case the stone showed no evidence of growth by accretion; it is hardly conceivable that it could have been dropped into the gall-bladder fully formed. It is possible to conceive of it as a congenital formation, for such things have been known.* Then if it did not increase in size *pari passu* with the development of the gall-bladder, it would lie more and more loosely therein, and move more and more freely with every movement of the patient.

In the second case the mass was evidently a growth by accretion. It appeared to be an agglomeration of biliary sand, and presenting no rough or hardened surfaces, produced little or no pain when moving within the gall-bladder. In the third case the character of the stones passed—I have seen about twelve precisely similar in size and shape—suggested the presence of a number of small concretions moulded together under pressure to form a coherent mass of hardened calculi, and the patient only experienced pain when one of the component parts became separated from the mass and began its journey through the ducts.

In turning now to the more definitely therapeutic part of our enquiry, and considering the medicinal means at our disposal for the treatment of gall-stones, I disclaim any idea of dissolving or otherwise dissipating a calculus already formed; that, I believe, is beyond the power of any known remedy to accomplish. Could we indeed be sure of our

* Frerichs. *Diseases of Liver*, Vol. II., p. 510. (New Syd. Soc.)
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ground in the early stages of the malady, and begin our treatment before any calculous deposit had taken place, it might not be beyond our legitimate hopes to counteract the tendency to such deposit, and prevent *ab initio* the formation of gall-stones. Unfortunately the early symptoms are, as we have seen, very obscure; and we are constantly reminded by writers on the subject that calculi may exist for a long time in the gall-bladder without giving rise to any overt symptoms. The fact is too well authenticated to be doubted, and yet I have often been disposed to think the statement merely meant that the inconvenience caused by their presence was not sufficient to send the patient in search of advice. Even when advice is sought the symptoms are apt to be misinterpreted—e.g. in case No. 1 the pains were referred to cardialgia, in No. 2 to congestion of the liver, in No. 3 they were associated with the migraine—or if they be correctly interpreted, and the treatment adopted be successful, little or no satisfaction would be experienced by either doctor or patient. For it is ever the misfortune of preventive measures that if success follows their use, and the threatened danger is averted, their necessity is not realized, and their advantage is often called in question.

Frequently our aid is only sought when an attack of "biliary colic" has developed and the stones are passing out of the gall-bladder. Our aim must then be to expedite their passage, and meanwhile try to mitigate as far as possible the patient's sufferings—sufferings of peculiar severity, and calling for prompt relief.

For the purpose of expediting the passage of the calculi, we possess two most valuable drugs—berberis and chelidonium. And of the two I should be disposed to place berberis first. It is curious that with its traditional reputation as a liver remedy, we do not find in its provings any record of jaundice, or even of a yellow tinge of the skin produced by its use. Jaundice, however, though a very common accompaniment of gall-stones, is not an inseparable one; and in the symptomatology of berberis we find many symptoms similar to those related to us by our gall-stone patients. We find* for instance "discomfort and nausea"; "pain and pressure in the epigastrium after dinner." "Sticking pain over the liver, corresponding to the region

* *Allen's Cyclopædia*, ii., 148, et seq.

of the gall-bladder, and increased by pressure," is noted by many provers, and by one was "first noticed after walking." We read of "attacks of faintness after a walk, with sweat and heat"; that "slight exertion causes fatigue, and sweat breaks out readily"; or "a condition near to faintness after riding or driving." We find too, the febrile condition sometimes seen, "chills, even shivering, followed by heat," and the like; and we are confirmed in the belief that berberis has a definite action on the gall-bladder as well as on the liver, when we read of the "soft, pasty, yellowish evacuations," which tell of an increased pouring out of bile.

The provings may not present a perfect picture of an attack of gall-stones; they do indicate that berberis acts upon the particular organ affected; an indication which affords us rational ground for its employment as a remedy, and an explanation of its beneficial effects. Dr. Clifton* long ago pointed out that it is of little use unless given in material doses. Dr. Edward Blake† confirms the statement. Dr. Hughes‡ endorses it from his own personal experience; and I too have come to the same conclusion.

If I place chelidonium second, it is not because I have any less confidence in it as a remedy, but because the evidence of its direct action on the gall-bladder is less clear than in the case of berberis. It has long been held in high esteem in Germany; we possess a very complete summary of its provings by Dr. Buchmann,§ and a valuable record of the clinical experiences of himself and others. Many of his provers experienced jaundice with more or less pain in the liver; the stools were either white or grey and of clayey consistence, or else light yellow like those of an infant. And among the various liver pains recorded, is one which for our present enquiry possesses peculiar significance:—"Pain in hepatic region, which soon extended downward and across the umbilical region through the intestines; it felt as if the abdomen were constricted by a string"—a very fair description of the pain often experienced by our gall-stone patients. With such evidence of its action on the secreting structures of the liver, and possibly on the gall-bladder as well, we may reasonably expect that on them also its curative action will be exerted. Such is the case;

* *M. H. R.*, Vol. xii. † *B. J. H.*, Vol. xxxiii.

‡ *Pharmacodynamics*, p. 309. § *B. J. H.*, Vols. xxiii, xxiv, xxv.

but it is not a little remarkable that while Dr. Buchmann relates many cases of hepatic derangement treated successfully by chelidonium in the 6x, or even in higher dilutions, the only cases of gall-stones which he records were treated with the tincture or with the fresh juice of the plant, in doses varying from 10 to 30 drops. Again I have to say my best results have been obtained from material doses, though I have never seen such cataracts of gall-stones—from 50 to 300 at a time—as are stated to have followed its use in some of the cases recorded by Dr. Buchmann.

I am convinced that these medicines definitely aid the expulsion of gall-stones, and my confidence in their efficacy was no little strengthened by a remark of patient No. 1. During the prolonged final struggle which preceded the expulsion of the stone, when she was taking berberis and chelidonium alternately at frequent intervals, she remarked that she felt as if each dose of her medicine were pushing the stone forward. It seems indeed more than probable that in thus using these two drugs we are availing ourselves of their direct physiological action in stimulating the expulsive power of the gall-bladder and bile-ducts, much as we avail ourselves of the like power exerted on the uterus by the ergot of rye.

As a remedy in infinitesimal doses calcarea 30 has been recommended by Dr. Drury. His recommendation has been confirmed by such accurate and trustworthy observers as Dr. Bayes and Dr. Dudgeon; Dr. Hughes* speaks of it from personal experience as having afforded him more rapid relief than berberis. I wish greatly I could testify to its value from my own experience. I have several times tried it, but have not met with the success I hoped for, and have fallen back upon my other well-tried remedies.

When the pain is very acute there can be no solid reason against our using morphia, or permitting the inhalation of chloroform. With the latter it is not necessary to produce complete coma: a small quantity is sufficient to dull sensibility and make the pain less acute; and in giving the former I prefer to use suppositories in preference to the more commonly used injections. They can be entrusted to nurses or attendants, a matter of some moment when doctor and patient are separated by distance. When

* *Principles and Practice of Homœopathy*, p. 522.

the pain is not so severe as to call for morphia or chloroform, chamomilla in doses varying from five drops of the first decimal dilution to five drops of the mother tincture will often soothe the patient, and render the pain more bearable. If on arriving by No. 3's bedside I had had morphia in my bag I think I should have given it at once. I had not got it, and it was not procurable in a hurry at a country vicarage; so I determined to use what I had got, and was surprised to see the effect of chamomilla in quieting the patient.

The traditional hot applications such as fomentations or poultices are often useful, and for the newly-introduced volcanic deposit, Fango di Battaglia, claims are made of special efficacy in this way. I have not yet had an opportunity of trying it, but shall certainly use it when the opportunity offers. The close adaptation to the surface of which it allows, and the length of time during which it retains heat, warrant the expectation that it may prove of great service. It is a good plan to sprinkle laudanum on the flannels used for fomentation immediately before applying them, or to place a strip of flannel similarly treated between the poultice and the skin.

It was with a feeling of surprise—a surprise which may possibly be shared by some of you—that I heard of the application of an ice-bag instead of fomentations to ease No. 3, by direction of Dr. Mayer, of Carlsbad, under whose care the patient was during her attack there in 1897.

She has kindly given me the following notes from her diary:—

"15th May.—Sick, with tight feeling; feared a gall-stone.

"From that time to the 28th much irritation.

"28th May.—Great pain, morphia injected.

"3rd June.—Pain even more severe; ice-bag applied about mid-day and kept on continuously for thirty-six hours; pain numbed; gall-stone passed on the night of the 4th."

Her accompanying letter continues:—

"I left Carlsbad in about a month; had another attack at Frankfort. Ice-bag again applied for some hours, after which another stone passed. The doctor was reluctant to allow the ice-bag, having no experience of it, and was surprised at the result."

Knowing its benefit she has now no hesitation in applying it, and keeping it applied continuously as long as may be needful. It relieves her quite as much as an injection of morphia, and she always feels to make better recovery from her attacks if morphia has not been used. Strong objections are often raised to its use by those unaccustomed to it, and their reluctance to allow of its application is sometimes difficult to overcome.

The ice should be broken fairly small, the bag or bladder about half filled with the pieces, and then wrapped in three or four thicknesses of flannel before being applied, in order to avoid any sudden shock from the extreme cold. And I would add, as with the ice-bag, so with the poultices; if they are placed in a flannel bag, and then wrapped in three or four thicknesses of dry flannel they can be applied much hotter than when they are applied directly in contact with the skin. The heat is communicated to the skin more gradually, and is maintained at a fairly equable and beneficial temperature for a longer time than when applied in the ordinary way.

When an acute attack is over search should always be made for the stone when possible, as the finding of it is not only a satisfaction to the patient, but confirms the diagnosis and enables us the better to form our prognosis. The process is simple and probably familiar to all of you.*

The immediate cause of the attack being got rid of, our treatment must be directed to preventing any recurrence.

The causes which lead to the formation of gall-stones are somewhat obscure, but they appear to depend on local rather than on constitutional changes. There does not seem to be a gall-stone diathesis; the formation of calculi is with more probability referred to stagnation and decomposition of the bile. This takes place most frequently in the gall-bladder itself,† and may be due in the one case to its not being emptied with sufficient frequency, and in the other to the action of the mucus formed therein, especially after catarrh. No doubt also in many cases sluggish action of the liver is a contributory cause; and the indications for our treatment are to induce or promote a healthy action.

* The fæces are placed on a sieve and allowed to stand under a tap of running water. The faecal matter is soon disintegrated and washed away, the calculi or biliary sand are left on the sieve.

† Frerichs, *Diseases of the Liver*, Vol. ii., p. 509. (New Sydenham Society).

Again berberis and chelidonium come to the front, though they will not now need to be given in massive doses. They will be found to act very well in dilution, but it is probably never necessary to carry that process higher than the first or second decimal. To these two remedies I would add a third, *carduus marianus*, which is now bidding fair to take the first place in my estimation during these periods of quiescence. It was first brought to my notice by Dr. Grünewald, our able Frankfort colleague, under whose care No. 3 placed herself when there, and since then I have made frequent use of it, always with encouragement. Its traditional reputation in Germany as a cure for jaundice and other biliary derangements is confirmed by its provings; these show* that it causes distension of the abdomen, especially on the right side, with pain and tenderness over the liver; the stools are deficient in bile, the colouring matter of which has been found by chemical tests in the urine. It matters very little whether this medicine is given in the mother tincture or in the 1x dilution. Two other remedies I would name as of special value in all cases where the liver seems torpid and disinclined to act. These are *chamomilla* and *lycopodium*, the former in the first decimal, the latter in the sixth centesimal dilution. The subjects for *chamomilla* are excitable, intolerant of pain, restless, and irritable, and the stools are either light yellow and in small bits, like babies' motions, or else whitish and of porridgy consistence. *Lycopodium* patients on the other hand are weak, languid, and depressed, with slow digestion and troublesome flatulence; the stools are white or ashen-grey, clayey, and somewhat constipated.

China 6 was strongly advocated by Dr. Thayer, of Boston, U.S.A.† as the remedy above all others for gall-stones, and he claimed that for twenty years it had never failed to cure permanently and radically every patient who had taken it in accordance with the directions given. These directions are so curious that I am obliged to quote them in their entirety. He gives to his patients "the usual two drachm vial of pellets of china 6, with my *stereotyped* directions to take 6 pills twice a day till ten doses are taken; then 6 pills once a day till ten doses are taken;

* *Allen's Cyclopædia*, Vol. ii.

† *B. J. H.*, Vol. xxxiii. p. 345.

then 6 pills every second day till ten doses are taken ; then 6 pills every third day till ten doses are taken ; and so on until at length the doses are only taken once a month." Dr. Thayer's recommendation has received confirmation from other observers.* I cannot say I have achieved the same results, but I fear my lack of success has been due to the fact that I have never been able to carry out the full course as indicated, but have always been obliged to interrupt it in order to meet some intercurrent ailment.†

I place great reliance on the use of natural mineral waters. Those of Harrogate in this country, and of Ems and Kissingen abroad, may often be advantageously employed. Case 2 derived much benefit in the earlier stages of her somewhat prolonged illness both at Harrogate and at Kissingen. And it is worth noting that in this case the final stage of the illness set in very soon after a course of the Harrogate water. The very remedy which in the earlier stages had apparently given relief, removing the jaundice from which she then suffered, now seemed to help forward the expulsion of the stone. "Post hoc" is not always "propter hoc," but that the use of a mineral water eminently successful in the treatment of what used to be called "infarctions of the liver" should so soon be followed by the expulsion of a gall-stone, is a coincidence worth noting in the light of our knowledge of the double or contrary action of drugs.

Dr. Wolston‡ has recorded several cases which received great benefit at Ems, a place much more easily accessible than Carlsbad, to the waters of which spa however I must assign the foremost place. The long journey is the drawback to visiting Carlsbad ; but it is a drawback to some extent counteracted by the fact that the waters are almost as efficacious when drunk at home from the imported bottles as when duly imbibed at the source. I, at any rate, have derived ample satisfaction from their use in both ways ; and if any of you should feel disposed to use the Schloss-brunn instead of the better known and more commonly used Sprudel, I do not think you would regret doing so. Should it disappoint your expectations, it is easy to follow it up by a course of the Sprudel. The water imported in

* Hughes, "*Principles and Practice of Homœopathy*," p. 522.

† The course according to my calculation occupies just 2 years, i.e., 26 lunar months and one week.

‡ *J. B. H. S.*, Oct. 1894.

bottles should always be used, not the Carlsbad salts, even when "prepared under the direction of the municipality."

The use of mineral waters at once suggests the use of baths. These however need not necessarily be mineral water baths. The "liver-pack," as given at Harrogate and other similar health resorts, is a very efficient aid; and though any attempt at direct massage of the liver or gall-bladder is inadmissible, general massage, especially as given with the Aix or Vichy douches, will usually be found beneficial. Nor should the old-fashioned hydropathic "compress" be despised. It may be worn continuously, or at any rate during the night, for as long as it can be borne without irritating the skin. And a modification of this compress used by Dr. Mayer for case 3 often gives relief when the discomfort and distension of the abdomen are specially pronounced. After the pad or towel has been prepared in the usual manner by thorough soaking in hot water, afterwards wringing it as dry as possible, two table-spoonfuls of brandy may be sprinkled on it before it is applied to the abdomen.

Of more strictly regiminal or dietetic treatment it is hardly necessary to speak. The old advice is as good now as ever it was: Take as much exercise in the open air as is possible; live a simple life; eat in strict moderation, and at regular intervals; avoid rich, sweet, and fatty foods; and if taking alcohol at all, take it very sparingly. There is only one point to which I would draw your attention, that is, the connection which seems to exist between the formation of gall-stones and an insufficient supply of fluid. Notice how often your gall-stone patients will tell you, "Oh no, I never drink till I have done eating," or something similar, and you will soon insist on copious draughts of water, hot or cold, at meals or between them, as part of your regular treatment.

One point only remains to be considered, and that briefly:—How long are we justified in continuing our medicinal treatment, and when should we consider the time has come for recourse to operation?

It is well to remember that the operation is one which is undertaken not so much for the purpose of preserving or prolonging life as for the relief of suffering; it is therefore not a necessity in all cases. Educated too as I was at a time when "abdominal section" was an unknown term, and many of the operations classed under that title were

considered scarcely justifiable, I fear some few rags of the cloak of prejudice still hang about me, and induce a reluctance to sanction a too ready or too frequent resort to the knife. I must say that it was with a feeling of surprise as well as of pleasure that I received from one of the foremost of our operative surgeons this opinion: "I should exhaust every means in my power before having recourse to the man with the cold steel." When then should we apply to the man with the cold steel?

Our knowledge of the action of drugs on the healthy body, and the confidence in their remedial use which that knowledge gives us, justifies our employing them to their utmost limit, but it does not afford us any excuse for delaying operation till either some grave crisis threatens, or the patient is so weak and exhausted that recuperative power has become almost a vanishing quantity. Operation should be advised (1) if there is reason to believe that the stone is impacted in the common duct, blocking it, and moving neither backwards or forwards, or if the pressure of the stone appears to be inducing inflammation; (2) if the character of the stones passed indicate the existence of numerous others, or if they follow one another so quickly that the patient has no time to regain strength between the attacks; and (3) if the persistence of the pain, or its recurrence from very slight causes, prevents the patient either from earning a livelihood, or performing the ordinary duties of life.

I have tried thus to formulate into rules for our guidance the considerations which have from time to time decided me to advise operation. Probably I have not included every consideration which might be brought forward, and I must leave it to others to add to the list. Possibly, too, some of you may have learned to rely on other remedies than those I have mentioned. I have endeavoured to tell you what I have myself seen and learned, and to give you the results of my own personal experience. I fear I have been unduly long; my chief regret is that I have been unable to reduce the length of the lecture by subtracting from it its many shortcomings.

HARROGATE, MAY, 1905.

CAN X-RAYS BE USED HOMŒOPATHICALLY ? *

By JOHN P. SUTHERLAND, M.D.

(Reprinted from the *North American Journal of Homœopathy*, June).

To my mind, the principles of homœopathy are so few, so simple, so intelligible, and so reasonable that the question which forms the above title is one which can be answered as easily as can a mathematical problem. To answer it is simply to work out a plain problem. This I shall try to do as briefly as possible.

To begin with, let me ask the question, What are the sources of our *Materia Medica* ? and the answer will be, first, voluntary provings or poisonings ; third, over-dosing (the disease symptoms and the drug symptoms masking each other and being more or less confused) ; fourth, experiments on animals ; fifth, assumed curative effects of drugs. To answer the question, Can X-rays be used homœopathically ? it is necessary to ask, Have "provings" of X-rays been made ? Have "poisonings" occurred ? Has "over-dosing" been observed ? Have "experiments" been made upon animals ? In short, Have the pathogenetic properties of X-rays been recognized and recorded ?

We all must acknowledge that pathogenetic records of any substance must be obtained before the homœopathic relationship of that substance can be established or disproved.

The posological side of the question demands an answer to the question, Can X-rays be sufficiently controlled to produce therapeutic effects only, and not give rise to aggravations, or produce some wholly extraneous symptoms ?

It is a well-recognized fact that X-ray is a form of energy that is very different from ordinary matter, and it differs therefore from the drugs which we employ ; and yet its dosage can be controlled to quite an extent. For instance, one may use X-rays that are superficial in their action, or deeply penetrating. The exposed surface may be near a tube, or at a distance from it. The tube may be "high" or "low." The electrical energy can be generated by one or another form of apparatus. It is true this force cannot be diluted or potentized by admixture with sugar of milk, alcohol, or other vehicle, yet at the same time it is quite correct to say that the dose can be regulated, if not absolutely controlled.

In regard to the pathogenetic records, one need not look very far to find them. The daily papers and current literature have within a few years brought to our attention many cases of more or less serious disorder due to the use of X-rays, and

* Read before the Boston Homœopathic Medical Society.

as we all know, medical and electro-therapeutical literature of recent years contains a large mine from which knowledge concerning the action of X-rays may be dug without much effort.

To present what, on account of the slight extent of the injury, might be called a "proving," in the prover's own words, allow me to quote the following, simply prefacing the record with the statement that the "proving" did not occur while the patient was under my treatment :—

"In regard to the burns I received a year ago, I can state that at the time I did not know I was being burned, as there is no feeling in taking a treatment. One burn appeared after the second treatment; the place itched some, became red with little white blisters; then grey. After a while the grey skin became stiff and thick, then came off, leaving a very sensitive place. The worse places I knew nothing about until they were raw, and very uncomfortable; there was a prickling, crawling sensation most of the time, deep in the flesh, until they were healed. They are a little troublesome at times now; feel very sensitive, and sometimes the new skin cracks in little places. Sometimes the healed places look red, mottled with white; and at others very white, with red marks."

To present a pathogenesis from the professional standpoint, I would like to offer the following, which has been courteously given to me by my colleague, Dr. George R. Southwick :—

"If the skin is exposed to a moderate action of the X-ray for a considerable number of successive exposures, one of the effects produced will be a slight redness with dryness of the skin. The epithelium scales from the reddened surface; dry cracks or fissures appear in the skin. This condition is commonly seen about the hands in X-ray workers. The redness and dryness of the skin is soon followed by a certain stiffness of the skin, loss of elasticity, and the skin becomes harsh and dry. The finger nails lose their lustre, split easily, become roughened and grooved on the surface, grow irregularly, become destroyed, and in some severe cases may fall off. This effect of chronic dermatitis is very persistent, and *almost incurable in its most severe forms*, even if further exposure to X-ray is discontinued. Several cases have been reported where epithelioma has developed in the hands of those who have suffered from severe X-ray dermatitis, and many observers are of the opinion that this condition is an important predisposing cause for the growth of epithelioma.

"If the dermatitis is less severe, pigmentation of the skin follows, and after a prolonged period of exposures the skin becomes less sensitive to the action of the ray. The burn does not take place as easily.

"If the exposure of the skin to the X-ray has been somewhat longer continued, an acute dermatitis is produced, with much redness of the skin, and formation of *blisters*, with much *smarting* and *burning*. It resembles a severe sun-burn, but is much more protracted in its duration and causes much more discomfort.

"If the deeper layers of the skin are involved, molecular death takes place, with destruction of tissues according to the extent of the burn. In this case, the slough separates slowly.

"The very important characteristic of these burns is their long duration, their indolent character, and that they fail to respond to the usual methods of treatment for ulceration, or even gangrene. These ulcers are very painful to touch, and are often *accompanied by a very considerable amount of neuralgic pain*.

"Some observers are of the opinion that those accustomed to work for prolonged periods in X-rays suffer in physical health ; and though not actually burned, they become prostrated and weakened, and feel a decided loss of their accustomed strength and vigour, such as might come from prolonged physical and mental exertion."

If time permitted, a very long pathogenetic record might be presented to you, but since abundant records are accessible to us all in such works as Pusey and Caldwell's treatise on "Röntgen Rays in Therapeutics and Diagnosis," I will not weary you with the presentation of a detailed record ; but I should like to present the following summary of "provings," and "poisonings":—Erythema ; pigmentation ; blanching and loosening of the hairs ; dermatitis corresponding to the four degrees of heat burns ordinarily described ; tingling or burning sensations ; desquamation, *vesiculation*. Vesicles may rupture and leave a weeping surface which is usually rapidly covered by a layer of greyish, horny epithelium. In the more severe cases of dermatitis, the surface becomes a dark, angry red, and the congestion is intense ; *vesicles*, and bullæ form, *rupture*, and leave a congested weeping surface. There then develops upon this raw surface a thin yellowish-grey necrotic membrane. Some patients complain very little or not at all, but in most of them there is very decided *burning* or *itching*. In some cases the itching is very intense and persistent, for a comparatively long time. The skin becomes *thinner* and atrophied. In burns of the fourth degree, the skin becomes brawny and dense ; cyanotic ; bullæ develop, and these are followed by necrosis of the underlying tissues. The necrotic tissue becomes hard, leathery, dark greyish, mummified. It manifests an "almost malignant tendency to persist," in marked contrast with any similar lesion. The

injury may extend to a depth of an inch and a half, and it is recorded that the outer table of the skull has been destroyed. *The pain accompanying these lesions is of the most varying intensity. Rarely it is not severe. In the great majority of cases it is extreme.* It is described at times as sharp lancinating pain, again as burning, "as if red-hot coals were applied to the part." In cases of continued exposure to X-rays, what has been called "precancerous keratosis" develops. It is believed that these patches are likely to become epitheliomata, and some of these keratoses, when examined microscopically, have actually shown "unmistakable evidences of malignancy in the form of numerous mitoses and rupture of epithelium into the corium."

With the foregoing pathogenetic records in mind, it is more than interesting to read, in the very books in which they are found, records of the cure and palliation of itching, pain, and other subjective symptoms; of eczema; of different forms of dermatitis, and even of malignant conditions, the chief phenomenon of which is destruction of tissues. A most convincing amount of testimony is obtainable as to the anodyne influences of X-rays, in the slight pains of trauma to the more severe pains of rheumatoid arthritis, the excruciating pains of neuralgia, and the most agonizing pains of sarcoma and carcinoma.

I have never been an ardent advocate of the idea that Nature is limited to only one law of cure; but I have been an earnest believer in, and supporter of, the principles underlying what is known as homœopathy, and for a long time I have been strongly inclined to the belief that the therapeutic efficacy of X-rays is to be explained by the homœopathic relationship of this form of treatment to the conditions it is capable of palliating or curing. I think I find much in electro-therapeutic literature to convince me that my attitude is a reasonable one, but we all like to have a little personal experience to support our views. My own experience along this line has been limited to relatively few cases, but I think I have cured cases of neuralgia, cervical adenitis, eczema, acne, and the dermatitis produced by formaldehyde; and have arrested the growth of cancer, as well as relieved excruciating pain by the use of X-rays.

It so happens I have personally suffered during the past three years from a dermatitis of the hands, resulting from the use of formalin solutions. I used formalin for seven years quite freely without any ill results; but during the last three years I have had more or less trouble of an eczematous nature that has proven exceedingly obstinate, but which finally has been promptly and satisfactorily cured by a few X-ray treatments. The symptoms are vesiculation, itching, soreness, and

redness of patches of the skin of the hands and fingers ; rupture of the vesicles, leaving occasionally a raw surface to become covered with a thin yellowish crust. In the last stages the skin has become dry, thin, and cracked ; itching and burning are less marked than in the earlier stages. I have used various internal and local remedies with a good deal of faithfulness, but without marked relief. When such conditions occur now, a few treatments with X-rays will put an end to the entire trouble. Pathogenetic records and the therapeutic results form, in this case certainly, a wonderfully close parallel.

We are told that by the mouths of many witnesses the truth is established ; and it is my privilege to bear testimony to what I am tempted to call the miraculous anodyne powers of X-rays. To very briefly report the case, I would say that on March fourth of this year nineteen hundred and four, I was called to see a patient who had for months been under treatment for intestinal carcinoma. She was in a deplorable state. Operation had been thought of, but was considered inadvisable, and the patient's death was considered a thing of the immediate future. Her sufferings were kept under control by the use of morphia suppositories, of which she was taking usually two or three every twenty-four hours, though occasionally one would suffice. Many of her symptoms (such as nausea, vomiting, some gastro-intestinal distress, and obstinate constipation, with weakness and depression), were due in great measure to the use of morphia. There was present in the ileo-cæcal region a tumour that seemed to be about four inches in diameter. It was hard, nodulated, tender, and could be seen as an elevation on the abdominal parietes. The pain was sharp, burning, and more or less constant, but always worse at night. I tried to give up the use of the suppositories, but this seemed impossible. By the last of the month, or during the early part of April, an Ovington High Frequency Apparatus was installed in the patient's house by Mr. J. Emory Clapp, and during the first week in April X-ray treatments were instituted.

The first treatment lasted only three, five, or six minutes every day for a few days, and then every other day. Before the sixteenth of the month, the patient was able to sleep during the night, without the use of a suppository. By the twentieth of the month the nurse's report showed that the patient had gone forty hours without a suppository ; by the twenty-third, forty-five hours ; by May second, eighty-two hours without a suppository ; by May sixth, one hundred and one hours ; by May fifteenth, five days and one hour (or one hundred and twenty-one hours), without the use of a suppository. This seemed to me remarkable, and the more so since

previous treatment had so accustomed the patient to the use of morphia that she simply demanded it whenever the pain was at all intense. But we all were destined to even a greater surprise, for on June sixteenth the nurse's record showed the patient had gone twenty-five days without ever asking for, or referring to, the suppositories. At this time the patient was taken with a very severe pain in the splenic region, with nausea, vomiting, and a terrible distress, the whole coming on very suddenly. Two suppositories were necessary to give relief. Late in June, a dermatitis developed, followed by exfoliation of the superficial epithelium, and pigmentation was very marked. For a while the X-ray treatments were given up, but by July they were being resorted to again every other day, and as far as pain was concerned, the patient passed through the months of July, August, and the early part of September until her death, without suffering, other than that caused by her progressing weakness. For *seventy days* or more prior to her death, September seventh, no suppositories were used. Aside from this seemingly miraculous anodyne influence of X-rays, there was a decided arrest of the growth of the tumour. The report of the post-mortem examination furnished me by Dr. F. P. Batchelder, who had charge of the case during my absence from the city, says, :—"Just to the right of the umbilicus is a rounded prominence three by four inches in diameter, distended and tympanitic." My measurement when I first saw the case early in March showed the tumour to be about four inches in diameter. At no time did the patient's condition give evidence of sapræmia or septicæmia.

The post-mortem records are not very long, and they contain so many points of interest that I may be pardoned for giving them.

"September eight, Mrs. ——. External examination.—Brownish pigmentation of skin from the transverse mammary line downward to pubes. Just to the right of the umbilicus is a rounded prominence three by four inches in diameter, distended and tympanitic. No indication of dermatitis. Medium incision was made, considerable subcutaneous adipose tissue was still present. Very many adhesions of the omentum to the anterior abdominal wall were found over an area larger than the above mentioned prominence. These adhesions were somewhat firm, though easily separated, and were found to enclose firm lateral walls of a cavity over three inches in diameter, containing considerable greenish purulent débris. This cavity communicated directly with the intestine at, or near, the cæcum. This explains the occurrence of collapse and numerous fetid stools, three days before death. Exploring

more deeply, transversely of this cavity there was found but little tissue that showed malignancy. Disintegration, and beginning cicatrization replaced the malignant growth which was present at an earlier period in the case. Throughout the mesentery especially, were very many nodular masses, evidently lymphatic glands, which exhibited the characteristic secondary involvement of carcinoma. Section of these showed numerous rounded softened spots, necrotic in character, and these were largest in the portion of the mesentery corresponding to the umbilical region, though glands examined from the region just below the diaphragm also showed the same appearance.

"The liver was practically normal. Gall bladder contained six gall-stones, the spleen was large, soft, having numerous but readily broken surface adhesions (this explains the sharp pain experienced in the splenic region which occurred a month or less prior to death). Examination of the kidneys showed the cortical region narrowed somewhat below, but with the pyramids quite distinct.

"NOTE.—Of the original malignant mass no vestige remained except one nodule on the posterior abdominal wall. The electro-therapeutic treatment seemed wholly responsible for the process of destruction and disintegration. The mesenteric lymphatic glands, even those most sheltered, gave abundant testimony of the effects of the penetrating X-ray, and would lead one in any similar case to early direct the treatment toward these structures which become secondarily involved."

To be able to produce such healing, anodyne, and inhibiting effects by any agent, and without detriment to the patient, is certainly something to be grateful for. To be able to produce such therapeutic effects by an agent in whose pathogenesis may be found symptoms and conditions similar to the point of parallelism to the condition treated is, I think, a matter of great satisfaction and encouragement to those who advocate the law of similars and practise in accordance with its principles.

CONSULTATION DAY AT THE LONDON HOMŒOPATHIC HOSPITAL.

"THE Consultation Day" which originated some years ago, and on which the homœopathic doctors in England were invited to send up cases for consultation and suggestions as to treatment to the London Homœopathic Hospital, has this year been revived. These meetings are very

interesting and useful. Cases of difficult diagnosis, rare cases, and others of varying interest in questions of treatment and diagnosis, have the benefit of the opinions and suggestions of the Hospital Staff, and of all who choose to be present. Not only have those present the opportunity of seeing interesting and instructive cases, but the doctors under whose care they are, are helped and encouraged in their work. The first "Consultation Day" of the season was held on May 19th, and the cases are reported by OCTAVIA LEWIN, M.B., B.S. (Lond.), M.D. Chicago.

1.—*Lateral Sclerosis*; from Dr. Goldsbrough's clinic. A. B., single, æt. 22, formerly domestic servant, but unable to work for three years. Admitted May 6th, 1905, for weakness of back and legs, following influenza five years ago. She has had three or four attacks since, and the trouble in the back has increased with each attack and the legs have become gradually weaker. She has now slow and slurring speech, spastic gait, slight tremors, knee jerks and reflexes much exaggerated, and very marked knee and ankle clonus. Babinski's sign present. General health fair. Catamenia lasts ten days, accompanied with aggravation of the backache. Gaining weight. General < in damp weather. Frontal headaches occasionally. Dr. Goldsbrough said that lathyrus had been found beneficial in such cases, so he had ordered it three times a day since May 6th, but so far no improvement has been observed.

Dr. Nash suggested arsenicum or gelsemium. He thought the condition simulated some of the sequelæ of diphtheria.

Dr. McLachlan said he had found these cases slow and unsatisfactory; with lathyrus he had seen no good results. Picric acid had been followed by more benefit than any other drug.

Dr. Burford related a brilliant cure in the case of a lady who developed early symptoms of acute spinal disease after severe neurasthenia, treated with hypericum, picric acid, and picrate of iron.

Dr. Morgan told of a man who had had spastic paraplegia for sixteen years, who had received no benefit from lathyrus but had improved on hypericum.

2.—*Case of Vertigo with unusual features*; shown by Dr. McLachlan, of Oxford. A. E., æt. 56, dairyman. Fifteen weeks ago was suddenly seized with giddiness

and fell; a few minutes later came to, and went on his rounds, but soon lost control and the horse soon pulled up. He was then sick, and has been practically in bed ever since. The giddiness is worse standing, and turning the head, and turning over in bed; it is better lying down and keeping still. Also has a sensation of pressure on the top of the head. Till a year ago he was subject to severe headaches with sudden stabs. Thirty-five years ago suffered shock and privation in a shipwreck in New Zealand. Thirty years ago had sunstroke in America. Has had slight singing and rattling in left ear. Discs normal. Has had constipation, probably due to allopathic drugs. Treatment: For 3 weeks has had sul. 200 twice a week, and then cocculus.

Dr. Dyce Brown found watch not heard on mastoid. He diagnosed the case as one of Menière's disease, and recommended natrum salicyl.

Dr. Goldsbrough on enquiry found that patient had had malaria, but no other illness. The mind is clear, no depression, sighs much. Can stand with eyes shut but not walk because of giddiness. He considered the case of cerebellar origin, but not necessarily a growth, and suggested natrum mur. or glonoine.

Dr. Nash recommended conium.

Dr. Lambert conium or bryonia.

3.—*Case of Chronic Pelvic Disease with Dysuria and Chronic Rheumatism*; shown by Dr. Burford. C. D., æt. 39, suffered from pain in left side of abdomen; an ovarian cyst was removed and the pain left, but later was felt in right side, and has continued since. Later had a normal pregnancy, the baby being living and healthy, but the pain remains, and dysuria now set in and became intolerable, urine of unpleasant odour. Catamenia prolonged and drenching, on one occasion lasted nineteen days. No local cause found. "Rheumatic" pain along the posterior border of right shoulder blade, not < moving arm but < moving head. Has had cantharis, gels., puls., nit. ac., ruta, thuja, hydrast., sabina, trill., merc. bin. Was in hospital last year for six weeks, and pain was relieved by massage and electricity, but returned later.

4.—Case shown by Dr. Deane. E. F., æt. 22, general servant. Skin all over the body dry and cracked all her life, worse on hands. Healthy looking, dark, florid complexion.

Drs. Nash and Hill suggested psorinum in a high potency.

5.—*Case of Eczema with affection of Intestinal Tract*; shown by Dr. Wynne Thomas. G. H., æt. 46. Rash all over body since catamenia ceased six years ago; large blood blisters form and break and leave raw surfaces, especially on hands, also on mouth and tongue. Brings up "strings of skin" which nearly choke her as they are ejected. Passes blood and mucus from the bowel and pieces of skin. Has had merc. sol. 30, thuja, ars. Other medicines suggested: pyrogen, phos., thyroid extract.

6.—E. C., æt. 23; admitted March 13th, 1905, under Dr. Moir. Five years ago left hand began to swell and ache, gradual loss of sensation and wasting. Two years ago right hand became affected, whitlows, followed by wasting. Burns herself without feeling it. Left eye has "dropped," nystagmus, eyesight bad. Knee jerks present, also plantar reflexes. No clonus. April 19th. Knee jerks +. Plantar reflex normal. Patellar clonus both sides, ankle clonus left side. *Family History*: Twin brother has fits after sunstroke, and is now in asylum.

7.—B. B., æt. 41; admitted April 11th, 1905, under Dr. Epps. Present illness began just before Christmas, 1904. Fingers began to swell at joints and became painful. Gatherings formed under nails of index and middle fingers of both hands and of the little finger of the right hand. Drawing pain in the fingers, which cannot be extended; < in the night and early morning, during cold weather, and if anyone speaks to her suddenly. The fingers are very cold and cyanosed. April 13th Faradic current treatment began. April 19th hands very congested and blue. Pus under nails of index and middle fingers of left hand and second and fourth digits of right hand. These cleared up under fomentations. She has gradually improved up to the present time.

Treatment: Secale.

Comment.—The general opinion was that it was a case of Raynaud's disease, improving under the treatment, which should be continued.

8.—*Pseudo-hypertrophic paralysis*. C. P., æt. 8. Under treatment since July, 1903. Has taken at various times nat. phos. 12, phos. 30, ac. phos. 1x, kali p. 30, zinc 30, zinc phosphide 30. He is the only child of healthy parents. Father has nervous temperament. Patient cannot now get up from floor by himself.

There were present: Drs. Nash, McLachlan, Searson, Burford, van der Harst, Morgan, Miller-Neatby, Gould, Withinshaw, Goldsbrough, Dyce Brown, Lambert, Hill, Neatby, Cox, Purdon, Wynne Thomas, Day, Tyler, Lewin.

Dr. Nash, of New York, after the meeting was over, related some interesting experiences with the single remedy, the single dose, and the high potency.

REVIEWS.

The Influence of the Therapeutic Teaching of Hahnemann in 1796 upon the Study and Practice of Medicine in 1896. By ALFRED C. POPE, M.D., President of the International Homœopathic Congress of 1896. London: E. Gould and Son, Ltd. 1905.

IN writing reviews of books for a journal on which there are two or more editors on the staff, the editorial "we" is used, as the editors are jointly responsible for the expression of opinion in such notices. For obvious reasons the "we" cannot be employed in noticing Dr. Pope's separate publication of his Presidential address of 1896, and so his colleague ventures to write for himself and sign his name to the notice.

All who were present at the meeting of the International Congress of 1896, held in London, under the Presidency of Dr. Pope (Dr. Dudgeon having been chosen as Honorary President), will remember the very able, eloquent, and deeply interesting address which Dr. Pope delivered at the opening of the Congress, and which will be found in the pages of the *Review* for that year. But I am sure all my colleagues will be glad to see it in a separate form as now published, and think with me that Dr. Pope has done a service to homœopathy in reproducing it. Though delivered nine years ago, it is as fresh as when first spoken, and is still quite "up-to-date." The influence of Hahnemann's teaching of 1796 on the study and practice of medicine in 1896 refers of course not to the practice of the homœopathic school, but to that of "our friends, the enemy," and it is very instructive. The gist of the address is well summed up by Dr. Pope in his peroration, and this I must quote.

"A century has now elapsed since Hahnemann published the essay the teaching of which I have laid before you. We have seen that of that teaching the position which Hahnemann, in the absence of any knowledge of a substitute for it, assigned to venesection, was that which anatomy, physiology,

and clinical experience have together driven it to occupy in the minds of the physicians of our time. That the method he taught as that which should be pursued in order to acquire a knowledge of specifics and of their selection for the relief of disease, a method which he himself most successfully pursued, has been urged upon the attention of one of our chief medical societies by one of the most esteemed, experienced, and highly cultured physicians of the last half-century.

"While, further, we have seen the plan of study which he devised for ascertaining the 'modifications produced in healthy conditions by the operation of substances capable of producing modifications,' has with the additional means of research to attain the same end which the progress of science has suggested, been declared by leaders of medical thought and study to be the basis of therapeutics; that efforts have been made to apply the knowledge so obtained by the light of Galen's idea of *contraria contrariis curantur*, and that they have failed so conspicuously that the chief among our examining boards no longer requires the candidates for its licence to possess any knowledge of this kind; that when physicians who professedly repudiate the therapeutic doctrine of Hahnemann have, whether designedly or by accident, used the facts supplied by pharmacology in accordance with the principle of similarity, they have recorded striking therapeutic success; and finally that the small dose has, in the same hands and under similar circumstances, proved to have been not only adequate, but necessary.

"Such, then, is the position which Hahnemann's teaching in 1796 fills in the study and practice of medicine at the end of the first century after he had placed it before his profession. 'Scientific truth,' said Dr. Wilks at the re-opening of Guy's Hospital Physical Society at the beginning of last session—'scientific truth none can withstand.' We all know how that throughout the century every obstacle, every obstruction that envy, hatred, malice, and ignorance combined could devise, has been placed in the way of the promulgation and illustration of Hahnemann's teaching, and yet the first principles of that teaching have permeated the minds of the more thoughtful and cultivated members of our profession. At this moment, of its two most important features, one is, on the highest authority, declared to be of the greatest consequence to the progress of the healing art; but inasmuch as it is incapable of clinical application without the other, it has been 'thrust out of the door;' for has not 'authority' declared this other to be everything that is scientifically repulsive? 'Truth,' said Lord Bacon, 'is the daughter of time—not of authority.' When the truth of the second part

of the therapeutic doctrine that Hahnemann enunciated in 1796 is acknowledged, as in 'time' it will be, then, and not before then, will pharmacology, to continue Dr. Clifford Allbutt's illustration, 'return by the window.' Then, but not before then, will the 'brilliant future' predicted for it be rapidly and completely realized.

"Then, in the words of him who has been well described as the Cicero of English medicine, then will the therapeutic and crowning department of medicine have been brought up to a nearer level with those which are strictly ministerial and subservient thereto.

"Finally, then too will be recognized the true greatness of the work which Hahnemann accomplished for the art of medicine. Then will he, throughout the entire profession of medicine, be regarded, as all who have studied his life of earnest and successful labour, of self-sacrificing devotion to duty, and of zeal in striving to perfect the noble mission to which our lives are consecrated, regard him now—as one worthy of all the honour with which we can enshrine his memory."

I strongly advise my colleagues who heard the address to give themselves the pleasure of reading it after the lapse of nine years, and to all who were not then present I would suggest that they should get a copy at once and read it, and I am sure they will thank me for the advice, and see how steadily and largely the old school has been leavened by the teaching of Hahnemann, though without any acknowledgment of indebtedness to him.

I hope I may be not considered too egotistical, but pardonably so, if I transcribe the dedication of this pamphlet to myself in the following touching terms, of which I feel very proud, and for which I warmly thank my dear colleague in the editorship of the *Review*. I hope that he may be spared for long to aid us all with his ripe and invariably sound judgment and help in his retirement, in spite of his advanced years and enfeebled health. During our long association in the conduct of the *Review* we have never once had a word of difference on any subject, and I am glad to have this opportunity of expressing my gratefulness to him for his never-failing kindness to me.

The dedication is as follows :—

"To David Dyce Brown, M.A., M.D., Consulting Physician to the London Homœopathic Hospital.

"DEAR BROWN.—Accept this my last public appearance in remembrance of our twenty-eight years of joint editorial work in promoting the knowledge of Homœopathy, and believe me,

"Your grateful colleague, ALFRED C. POPE."

D. DYCE BROWN.

Therapeutic Reform : A Plea for the Larger Recognition of Method in Drug Prescribing. By W. M. STORAR, L.R.C.P., L.R.C.S. Ed. London : Leath & Ross. 1905.

THIS is a reprint in pamphlet form of a paper read by our colleague, Dr. Storar, of Belfast, before the Ulster Branch of the British Medical Association on April 5th. After speaking of the therapeutic scepticism which prevails in the old school, he advocates the adopting of a method which will turn out when investigated carefully to be a reliable rule or guide in prescribing. This is the utilization of the fact that medicines have a double action, and that "the therapeutic value of a drug corresponds exactly with its pathogenetic or disease-producing powers"; and he takes for illustration seven drugs of which he sketches the pathogenetic effects which are well-known, and in contrast quotes curative results, derived from old-school writers of authority, effected by these same drugs in cases corresponding with their pathogenetic symptoms.

This is, of course, homœopathy, but throughout the paper there is no open allusion to homœopathy. The word is not once used, nor is there any hint as to how this "method" was discovered, or to whom we are indebted for the discovery. One would almost think that Dr. Storar himself, and not Hahnemann, was the genius on whose mind this great light first dawned. Of course he knows best how to introduce the subject of homœopathy before his co-members of the Ulster Branch of the British Medical Association in such a way as to "fetch" them, and he may be right in thinking that this veiled method of advocating homœopathy is the best one under the circumstances, and that the reprinting of the paper will be, by wide distribution among the old school, the means of bringing them to look into the subject, and so propagate "therapeutic reform." But we are very doubtful of the result. In our humble opinion it would have been much more likely to accomplish this object, if Dr. Storar, who is known in Belfast and elsewhere as a homœopathic practitioner, had been bolder, had taken the bull by the horns, courageously called a spade a spade, and done honour to Hahnemann as the genius who discovered the law of similars, and thereby revolutionized medicine. Dr. Storar's aims are excellent; it is only his method we venture to criticize.

Homœopathy Explained. By JOHN HENRY CLARKE, M.D. London : Homœopathic Publishing Company. 1905.

IN an editorial article in our issue of December of last year, we drew attention to the necessity of educating the public in the principles and doctrines of homœopathy. We pointed

out that many of our *clientèle*, though staunch homœopaths as far as the adoption of the treatment for themselves and their families was concerned, yet showed a remarkable want of acquaintance with its principles and tenets, and so were unable to explain to enquiring friends or to opponents who did not "believe in homœopathy" from sheer ignorance of what it meant, the "reason of the faith that was in them," and that on account of this state of matters, homœopathy was prevented advancing as it would otherwise do. The views of a minority opposed by an active and uncompromising majority can never make the way that they ought unless the reason can be appealed to, as well as the practical results.

We also noticed that the publication of a popular work, not on treatment, but explaining in a readable form the principle of similars, and the general tenets of homœopathy, was part of the programme of the British Homœopathic Association. At the date of our writing nothing definite, however, had been done to carry it out. And now, after six months more, we have not heard that any definite steps are in progress to develop the excellent idea. Meanwhile Dr. Clarke has stepped into the breach, and brought out this little book, *Homœopathy Explained*, and the profession is much indebted to him for so doing. It is just what was wanted. Sharp's "Tracts," which once did so much good, are hardly known now, and the "Homœopathic League Tracts," which also did much good at the time, are almost forgotten. Hence the need for such a work as Dr. Clarke's. It comes out just at the "psychical moment" when the Association is in the prime of its active and militant propaganda. Dr. Clarke has given us a short, clear, and straightforward sketch of the origin of homœopathy, which involves an account of Hahnemann's romantic career, followed by an excellent statement of the meaning of the law of similars, and the various points arising therefrom, and constituting the essence or sum of homœopathy. It is no work on treatment, but simply states what every lay homœopath ought to know and be able to explain to others. It is withal written so readably that there is not a dull chapter in it, and one reads on straight through without any mental yawn. This is a matter of vital importance in a popular book, as a heavy, dull, or stiff style of writing would infallibly spell failure. There are always faults found in every book by critics who could not write such works themselves, but taking it all round Dr. Clarke's book is a great success, and we congratulate him on having produced at the nick of time just what was wanted. Unless the British Homœopathic Association has already its projected popular work actually written or well advanced,

we would advise it to go no further, as here it has the desired work ready made to its hand, and it is dedicated to the members of the Association. The Association will have difficulty in producing a better work, or even one as good.

We advise our colleagues to get a copy of Dr. Clarke's book, not only for the pleasure they will have in reading this racy treatise for themselves, but to let them see that, in recommending their patients to get it, they will in no sense be giving them a book on domestic treatment to interfere with their own practice, but on the other hand one that will only stimulate their patients to take an intelligent interest in the working out of the curative treatment under their care. The more widely Dr. Clarke's book is circulated the better for every doctor and for homœopathy, and we confidently predict—though it does not always do to prophesy before we know—that it will have a wide circulation.

In our editorial of December last, already alluded to, we noticed that in America the same idea of the need of a good popular book for educational or missionary purposes, such as we in this country projected, had also taken hold of the professional mind there, and that Dr. Biggar, of Cleveland, Ohio, through the medium of the *Medical Century*, had offered three prizes for the best essays on these lines. The resultant essays are, however, in our judgment, not exactly the thing that was wanted, at least on this side of the water, and we shall be much surprised if Dr. Clarke's book does not become as popular and successful in America as we anticipate it will be in Great Britain and all over the Empire.

Static, High Frequency, Radio, Photo, and Radium Therapy.

By WILLIAM HARVEY KING, M.D., LL.D., Professor of Electro-Therapeutics in the New York Homœopathic Medical College and Hospital, etc., etc. New York: Boericke and Runyon. 1905.

DR. HARVEY KING is quite an authority in electro-therapeutics, and his work on *Electricity in Medicine and Surgery* is looked on in America as the standard work on the subject, two editions of it having been exhausted in three years. Instead of bringing out a third edition, he tells us in his preface that he prefers in the present work to "cover the subjects given on the title page only, and does not claim it to be a complete treatise on electro-therapy," and that in thus doing, he can "give to the profession a more complete treatise than could be given in a general work" on the subjects named above, which are at the present day occupying so much attention.

The first fifteen chapters are occupied with a description of the various forms of electric, light, and radium methods of treatment, with the apparatus required, and the text is elucidated by numerous woodcuts. These chapters form a clear and easily followed guide to those who might take up such subjects, while the last five chapters are occupied by the treatment of all forms of disease which are likely to be benefited by one or other of these methods, and by instructions as to their mode of application.

Dr. Harvey King's book is a thoroughly good one, and so complete and full in the topics he discusses that it is sure to take a first place in medical literature on his special subject, and to those of our colleagues who make a special study of "static, high-frequency, radio, photo, and radium therapy" we heartily recommend it as a book they ought to possess and study.

Man: an Introduction to Anthropology. By W. E. ROTZELL, B.S., M.D., Lecturer on Botany and Zoology in the Hahnemann Medical College, Philadelphia, etc., etc. 2nd edition. Philadelphia: John Jos. McVey. 1905.

THOSE who are interested in anthropology will probably enjoy reading this book. We observe, however, that the author adopts the evolution theory in its entirety, believing that man was not created separately, "in the image of God," as the Bible tells us, but was descended from an early anthropoid ape, or that the anthropoid ape and man had a common origin. Of course, we refuse to accept such a doctrine, and prefer the Bible. Dr. Rotzell describes the various types of skull of the different races of man, and gives a sketch of them, with their characteristics, habits, and developments, which are interesting, but we fail to find much that is really new in the book. As it is called an "Introduction to Anthropology," we suppose we must not expect this, and it gives information to those who are new to this study and who want such an introduction.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Session 1904-5 was held at the London Homœopathic Hospital, on Thursday, June 1st, 1905, at 8 o'clock, Dr. James Johnstone, president, in the chair.

ELECTION OF FELLOW.

Mr. Frank A. Watkins, M.R.C.S., L.R.C.P., L.S.A., Pathologist to the London Homœopathic Hospital, having fulfilled the requirements of Law X., was elected a Fellow of the Society. Mr. Watkins was elected a member of the Society in 1895.

SECTION OF SURGERY AND GYNÆCOLOGY.

Under the auspices of this section, the evening was devoted to a demonstration of clinical cases by members of the Society; exhibition of specimens and microscopic slides; a paper, by Dr. Spiers Alexander, on *Deviations of the Septum Narium*; and lantern demonstrations by Dr. James Johnstone and Dr. Edwin A. Neatby.

The *Cases* exhibited included the following: Cerebellar tumour, boy aged 12; treated beneficially by tuberculin 30, and ars. iod. 3. Interstitial keratitis, probably syphilitic, girl aged 7; treated at first with merc. cor. 2x, and atropine drops, followed by syphilinum 200, with recovery of perfect vision. Congenital syphilis in brother of the foregoing under similar treatment (by Dr. Roberson Day). Pseudo-hypertrophic paralysis in a boy of 14, the third case (the youngest boy) in a family of four, the two others having previously been exhibited before the Society. Hemiplegia in which Jacksonian epilepsy had been relieved by trephining (operation by Mr. Dudley Wright), no fits after operation (by Dr. Goldsbrough). Lymphatic leukæmia in a man aged 62; doing fairly well under one grain doses of potassium iodide (by Dr. Blackley). Still's disease, or chronic rheumatic arthritis, with enlarged axillary glands in a child (by Dr. Byres Moir); and deflected septum narium, operated on at the London Homœopathic Hospital (by Dr. Spiers Alexander).

Of the *Specimens* on view Dr. Burford showed: pyosalpinx with section of uterus, cervical fibroid, large broad ligament fibroid, and large uterine fibroid. Mr. Dudley Wright: a branching renal calculus coated with oxalate of lime crystals, with a skiagram of the stone in situ before operation; a Luys' segregator for drawing off the urine from each kidney separately. Dr. Neatby exhibited a modified Nitze-Albarran cystoscope for catheterization of the ureters, a senile uterus showing endometritic changes, a uterus removed by vaginal hysterectomy, and a uterine myosarcoma removed post-mortem, with a water-colour drawing of the cut surfaces by Miss Mabel Green.

Dr. Spiers Alexander's paper on Deflections of the Septum Narium included a review of the causation of this condition, both traumatic and developmental, obstructive

and reflex complications, and the treatment by operation. The various points were referred to afterwards in a discussion in which Dr. Johnstone, Mr. Dudley Wright, and Dr. Goldsbrough took part, and Dr. Alexander replied.

A lantern demonstration was given by Dr. Johnstone, illustrating recent work in Transfusion, and Dr. Neatby showed a short selection of slides relating to Chorio-Epithelioma.

Altogether a most varied and enjoyable evening was spent. The secretary of the Section responsible for the arrangements was Dr. Spiers Alexander.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.

THE arrangements for the forthcoming Fête of the Ladies' Branch of the Association, at Ham House, Petersham, on July 15th, are practically complete.

Beside the unique attractions of the interior of Ham House, various subsidiary matters of interest will be included in the afternoon's programme.

For those visitors who prefer the approach to Ham House by water, a very pleasant twenty minutes' journey up the Thames, starting from Richmond Bridge, may rank second only in the pleasures of the afternoon.

The Right Hon. the Earl of Dysart has intimated his intention of himself being present during the Fête.

The well-known high-class military band of the Coldstream Guards has been engaged to perform during the afternoon, and all lovers of the best English instrumental music will appreciate this provision.

The company of D'Amato's Italian singers, so popular at the Botanical Gardens last year, will give their entertainment on the Terrace.

Teas, etc., will be served from 4 to 6 o'clock, in the Wilderness, free of additional charge.

The beautiful private lawns—the most extensive in England—surrounding the house, and the Old English garden where Charles II strolled, and Evelyn wrote part of his Diary, will prove amply attractive to visitors after their inspection of the Mansion.

A sale of cut flowers, kindly provided by Mrs. John Mews, will add to the gaiety of the occasion.

It is expected that this almost unique opportunity of personally inspecting a mansion so superb in its appointments, and so historically attractive, will be seized by many of

artistic and antiquarian sympathies, and an early application for the allotment of tickets is specially requested, as the reduced prices for plural tickets are not available on the day of the Fête.

HOMŒOPATHIC HOSPITAL, HOBART, TASMANIA. ANNUAL MEETING.

THE fifth annual meeting of the Homœopathic Hospital was held in the Masonic Hall, on April 13th. His Excellency the Governor, Sir Gerald Strickland, who was accompanied by the Lady Edilene Strickland and Captain Griffin, Private Secretary, presided. There was a large attendance of the public, including the Premier (Hon. J. W. Evans, M.L.C.), His Worship the Mayor (Alderman Geo. Kerr, J.P.), Geo. E. Moore, Esq., M.H.A., Frank Bond, Esq., M.H.A., the Rev. Father Hennebry, the Rev. Father Kelch, the Rev. Arthur Cass, the Rev. J. W. Sharp, Alderman Haywood, Dr. Gibson (Senior Physician), Mr. Gerard Smith, M.R.C.S. Eng. (Resident Surgeon), and Messrs. H. T. Gould, J.P., G. W. Lloyd, J.P., G. S. Crouch, J.P., F. R. Seager, J.P., Thomas Whiteside, Esq., etc., etc.

Apologies were announced from Bishop Mercer, Rev. C. A. Fawns, Hons. B. S. Bird and W. P. Propsting, Mr. Justice McIntyre, Senator Macfarlane, and Mr. H. C. Lovett.

During the evening a musical programme was contributed to by Misses D. Hart and J. Williams, Messrs. P. Marchant and Bradshaw Major.

The minutes of the previous annual meeting were confirmed.

The Secretary (Mr. T. B. Mather) read the following report :

Fifth annual report of the Hobart Homœopathic Hospital for the year ended 31st December, 1904 :—

The report for the twelve months just concluded shows that the usefulness of the hospital has been well maintained. One hundred and thirty-eight new patients were admitted, in addition to the four remaining at the close of 1903. Besides these, 99 out-patients were treated, 32 being at their own homes. Of the in-patients, 83 were from country districts. In some cases delay has occurred in the removal of a patient to the hospital, owing to no intimation having been previously sent announcing his coming. Whenever such announcement is received, arrangements are made to meet the steamer, train, or coach, and every consideration shown for the patient's comfort on arrival.

The medical report subjoined will give full information respecting patients' treatment, so it will not be necessary to

further enlarge on that subject. It will, however, be interesting to many to know that no less than 680 persons have been treated as in-patients since the hospital was opened in October, 1899.

The continued interest in the hospital, as manifested by receipt of gifts of fruit, vegetables, jam, poultry, eggs, etc., from friends in town and country is very pleasing, and calls for a very hearty vote of thanks to all kind donors.

The "Frances Willard Bed" Committee have been most assiduous in keeping up their annual contribution, which has proved a great boon to several patients who occupied the bed during 33 weeks. The Grace McMillan cot, too, has proved a great comfort and help to a little lad with hip disease from one of the country districts. The prolonged hospital treatment necessary would otherwise have been unobtainable, but, having this cot provided, the committee are now giving him three months' treatment free of cost. The matron and her staff, whilst so ably looking after his physical needs, are also encouraging and helping him in keeping up his lessons, so that he will not be behindhand in this respect when ready to leave the hospital.

We are glad to record a further proof of thoughtfulness on the part of a member of Mrs. McMillan's family, in sending a donation of £3 towards defraying expense of a free bed for some patient in the men's ward similar to occupants of the Frances Willard bed.

In last year's report the hope was expressed that the employes of the various sawmills might see their way to regularly subscribe towards a bed in the hospital, in which a subscriber or member of his family, in the event of any accident or illness, would be entitled to treatment in the hospital free of expense. We are glad to report that a start in this direction has been made by the genial manager of the Huon Timber Co., who, seeing the advantage such a scheme offered, arranged the matter with the employes, four payments having already been remitted. In July last, with a view to inducing other mills to follow so good an example, the committee sent their secretary (Mr. Mather) to visit the principal mills at Dover, Raminea, Strathblane, Hastings, Southport, etc., which he did, placing the matter before principals and employes. Though admitting the advantages offered, there appear to be some difficulties in the way before this can be accomplished, which we can only hope may soon be overcome. As previously mentioned, several cases from the mills have been treated during the year.

It is with much grateful pleasure we again record the valued assistance rendered to the hospital in the past twelve months

by the Ladies' Aid Association, which is constantly supplying one little thing after another which will add to the comfort of patients and staff. This year the members, amongst other comforts, provided and fixed a sink in the pantry, to which hot and cold water is laid on, which has proved a most useful gift. In August last the president, Mrs. C. J. Atkins, gave an "At Home" at her residence, Painswick, at which a sum of £9 was added to the association's funds, and later on Mrs. M. Mason got up a girls' fair, at her house, Culverden, realizing a similar sum. This enabled the members to hand over to the hospital funds a donation of £10, which was very acceptable, towards defraying current expenses.

One of the country members, Mrs. S. A. Page, aided by ladies in the Huonville district, got up a ball in aid of our funds, which was very successful, the proceeds remitted being £12 15s. Mr. T. Todd, of the Cascades, has, with thoughtful kindness, provided and fixed a box by the gate at the entrance to the grounds beyond the brewery, the proceeds being from time to time divided between this hospital and the Convalescent Home. Another very useful gift was that of an ice-chest, sent by a gentleman who has always taken a great interest in the institution, and who is always ready in an unostentatious way to aid as needs arise.

The property has needed a small outlay in repairs during the year, which were effected. The ground not required for present hospital use has been let on lease for another three years to the gardeners who have occupied it for the past five years.

As notified in last report, Mr. F. W. Lord had been compelled to resign his position as chairman of the House Committee, owing to business engagements necessitating a long absence from the State. We trust he may, at some future time, be able to again take up the position he so ably filled. Meantime, Mr. H. K. Fysh was elected chairman, and the committee has been further strengthened by the appointment of Messrs. J. W. Gould and H. S. Kirby, both of whom have taken an active interest in the institution. The finance committee, too, has been strengthened by the addition of Messrs. C. D. Haywood and L. C. Thirlwall. Meetings of both committees have been regularly held each week, with one or two unavoidable exceptions.

One subject which engaged the attention of the committee was the introduction of a scheme by which donors of certain sums might have the privilege of sending patients to the hospital to be admitted at reduced rates. As in previous years, the majority of cases have been treated at fees much below the cost to the institution, and in several cases free of any charge.

This the committee are desirous of continuing, as far as their funds will allow, and it was thought that some arrangement such as that now inaugurated would give any subscriber of, say, two guineas, two votes at all meetings, and the privilege of recommending by tickets supplied one patient to be treated at 15s. per week. To subscribers of larger amounts privileges in proportion. Of course, any special case, in which even this low fee is beyond the patient's means, is considered, and if possible met in some way.

From the statement of receipts and expenditure submitted herewith, it will be seen that there is an improvement in the financial position, which, however, still calls for careful management. Owing to alteration in the close of the Government financial year to fit in with other States, from 31st December to 30th June, the subsidy for 18 months appears on our financial statement, being at the same rate as for the previous year. The receipt of this subsidy enabled the committee to pay off the £200 overdraft (guaranteed by members of the committee), and to make the fourth annual payment in reduction of the purchase account, which now stands at £3,100. The amount of other outstanding liabilities is £170 5s. 1d., against which there are some fees still outstanding, due by patients to whom it has been necessary to allow extra time.

The collections for Hospital Saturday took place on 23rd February, 1904, resulting in £50 10s. 2d. being handed over to our treasurer. The result, though not quite so large as the previous year, is cause for encouragement, and it is anticipated that in 1905 this will be increased, it being decided to try and enlist the interest of friends in the country districts.

In February last, Dr. Gerard Smith gave a most interesting lecture on "Egypt, the land of the Pharaohs," the proceeds being £4 7s. 3d. The attendance, however, owing to counter attractions, was not so good as such a lecture deserved.

The matron and her staff of nurses have worked most harmoniously together in promoting the comfort of patients, who are loud in their praise of attention shown to them. Some changes have been necessary, owing to the resignation of Sister Nairne, to take a position in a Melbourne hospital, with the object of gaining experience in other special branches of her profession. Nurse Okines has passed her final examination as a fully qualified nurse, and being next in seniority was promoted to the position of sister. One new probationer has been taken on trial prior to engagement.

In once more heartily thanking every one who has in any way aided the hospital by gifts of money, or in kind, and knowing how ready the public has been in the past to respond to any special needs brought before them, the committee feel the more

emboldened to bring forward the great need which has been long felt of providing a verandah and balcony on the sunny side, facing Macquarie-street, on to which patients could be wheeled from the wards on each floor, the better to take advantage of the cheerful outlook and invigorating sunshine. At present it is only the convalescents and those on the ground floor who can get on to the seats placed about the garden, which, however, do not give the comfort and accommodation a verandah would do. The committee have done their best so far, but feel they can do better if a generous public will assist them with funds necessary for this work, which would be an inestimable boon. Donations for this object will be thankfully received, and the work put in hand as soon as the funds in hand or promised will warrant the committee making a start.

Dr. Gerard Smith (resident medical officer) read the following report :—

I have the honour to present my report of the work of the hospital for the year 1904.

At the end of 1903 four patients remained in the hospital, and during 1904 138 in-patients were admitted ; 67 persons were treated as out-patients (these latter being chiefly children of the poorer population residing near the hospital), and visits to 32 patients (again chiefly children of the poor) were paid at their homes gratuitously. The total number under treatment for the year was 241, which is, I believe, a substantial increase over former years. The out-patient work, which has been my care, and which I desire to encourage, is a new use for the hospital, and is, I think, greatly appreciated by the poorer residents in the vicinity.

Of the 142 in-patients treated during the year, 11 died. Of these one was 84 years of age, and in a dying state when admitted ; four were in advanced stages of consumption, and beyond the aid of medical treatment ; one was an advanced and hopeless case of heart disease and dropsy ; one died of constitutional disease after a surgical operation, but not as the immediate result of that operation ; one was due to the ignorance of those who had charge of the patient at home, and who had allowed the illness to progress too far before sending for medical aid ; one was due to sudden heart failure in a child of 3 years, who came from a long journey by boat in a serious state of illness ; one was a lad who had typhoid fever very severely ; one was a case of strangulated rupture, where an operation was absolutely necessary in order to give a chance of recovery, but the patient, having a weak heart, died of heart failure. The remainder recovered completely, or were so much improved that hospital treatment was no longer necessary. It is, of course, not possible to speak accurately as to the

further progress of cases of consumption and a few other serious constitutional diseases which were discharged, and returned to their homes, but these cases obtained considerable benefit during their stay in the hospital.

The operations undertaken have all been of a type which were essential to recovery ; the claim which homœopaths make that operations are largely avoided through the success of the new school treatment, has been amply verified during the year.

I may mention one case of operation which resulted in recovery under extremely adverse conditions ; a lad of 14, who had been kicked by a horse in the forehead, and had a large portion of the skull broken in upon the brain very deeply, had travelled up from Port Cygnet in an unconscious state, was trephined, a number of pieces of bone extracted from the brain, and largely through the perfect nursing after the operation, made a complete recovery, without the slightest impairment of intellect or health.

There have been during the year many cases well suited to illustrate the superiority of homœopathic therapeutics, and proving that many illnesses are far shorter under this system than under so-called " orthodox " treatment. A most striking case being one of cerebro-spinal meningitis, the symptoms of which case precisely resembled the effects produced by the two medicines, cuprum and veratrum. The case was a very serious one, and recovered completely under those two medicines.

It is evident that the hospital is becoming well known in the country districts : for, in addition to those cases which have been sent up by Dr. Clark, of Franklin, and Dr. Thomas, of Port Cygnet, a large proportion of patients have come from the country districts. It is unfortunate that so many of these districts are far removed from medical aid, and that very frequently patients are allowed, through ignorance, to pass into advanced stages of illness before coming up to the hospital. This is specially the case in diseases which are insidious in onset and need the trained observation of a medical man for their detection in their early stages ; such cases as those of joint disease in young patients, for example. An instance of this we have now in the hospital, a boy who had suffered from hip-joint disease for four months, and had been allowed to walk about before he came to town. It is hoped that serious deformity may be avoided in this case, but the difficulty in securing even a moderate degree of walking power is greatly increased by the fact that an advanced stage of disease had been reached before the lad came under observation. Desiring to give him the prolonged treatment necessary in his case, and which was beyond his parents' means, the committee arranged

for him to be placed in one of the free beds for three months.

The devotion to duty of the matron, sisters, and nurses cannot be too highly praised; such is, of course, seen in hospitals generally, but speaking as one who has seen the work of hospitals in many countries, I wish to emphasize my opinion that the nursing staff at this hospital show special enthusiasm in the work, and special sympathy and care for every patient.

The lectures for nurses which I have been privileged to give have been well attended, and intelligently followed. Two excellent nurses have left during the year, both of them being very reliable and thoroughly trained. Nurse Cuthbert left to take up duty at the Beaconsfield Hospital, and Sister Nairne at the Women's Hospital in Melbourne. Nurses Seager and Jeffrey will be examined shortly in their first subjects of anatomy and physiology, and proceed to their second set of nursing lectures. Probationer Bell has recently entered for training.

I venture to conclude by saying that I think the claims of the new school of therapeutics might be brought more forcibly before the general public in this State than is at present the case; the work of the hospital forms an excellent text on which to address the public. No amount of professional opposition can detract from the proofs which that work gives of the benefits conferred on the sick by homœopathy, and I think that more public attention might well be directed to that work in the press and by other means. The public need educating as to the truth of homœopathy, in order to remove the false impressions often given by the assertion and unfounded ridicule of those opponents who speak without any real scientific knowledge of the subject.

The Treasurer (Mr. J. R. Walker) submitted the balance sheet, which showed the receipts to have been £1,365, and the expenditure £1,530 *ls. 7d.*, leaving a debit balance of £165 *ls. 7d.* The treasurer said the debit balance had been nearly wiped out, and they were pretty well paying the expenses each month, but they still appealed to the liberality of their friends and the public generally. Any subscriptions received they could put to excellent use. In addition to a verandah and balcony, which they very much required, they would like to gladden the heart of Dr. Smith by the installation of the X rays, which were almost a necessity for any hospital. (Applause).

The Chairman, who was received with applause, said he rose to move the adoption of the reports and balance sheet, and he did so with very much pleasure and satisfaction, because the work of the Homœopathic Hospital was entirely new to him; so new that before he ventured to perform this public duty he

felt bound to visit the hospital. (Applause.) He was convinced that the institution was cordially supported by some of the strongest and clearest thinkers in the community—(renewed applause)—and that it was doing good work in competition with other institutions with success, and with an increasing success. (Applause.) If he were to superficially define the Homœopathic Hospital he would say that it was very nicely situated, very well kept, and that the patients were, comparatively, being cured with rapidity. He would have stopped there, but Dr. Smith had referred to the orthodox school and the new school. He felt bound to make some apology for his previous strikingly strait-laced training, which had been very orthodox. (Laughter.) Though present at the meeting, he felt bound to say that he was not there as a convert to homœopathy, but he was there as a convert to Hobart ways of managing institutions with a very broad mind. (Applause.) He felt that his mind had been broadened not only on questions of orthodoxy and of the new school, but also on questions in which competition in free enterprise could do good in the ever-increasing and broadening world of human sympathy. Perhaps they all knew the saying, "Orthodoxy is my doxy, and heterodoxy is everybody else's doxy." He was interested in Dr. Smith's report, and ventured to remind them of the excellent Medical Act of 1858, which gave special powers to His Majesty's Privy Council to severely restrain any attempt on the part of the medical examining bodies to repress by methods of examining any theory of medicine—(applause)—so that being the law of the land in England, there was no such thing as legal heterodoxy. There was a fair and open field, kept open by law, by preventing examiners from penalizing students for freedom of thought. A most interesting feature in homœopathy from the point of view of one who had never believed in it, and did not feel disposed to do so—(laughter)—was the immense amount of good which homœopathy had done for medicine in general. (Applause.) It was not merely the introduction of a system of competition which had produced such marvellous results in other phases of thought; in passing he was thinking of the religious cleavages of thought. But before homœopathy was spoken of, the principal mode of investigation in medicine was that described by the ancient classics—*Fiat experimenta*. The experiments had certainly opened up a new mine of investigation, and had done great good. It had been noticed in certain diseases the homœopathic system had been successfully tried, not only in a very large percentage of cases, but in such an overwhelming percentage, as to leave no room for philosophic doubt that the success was not due to accident. In conclusion, he begged to

take the opportunity of congratulating the people of Hobart for the wonderful way in which they supported their charitable, philanthropic, and co-operative institutions. If he had said anything in faint praise, he hoped they would excuse him, for his fear was of being considered a renegade. (Applause.)

The Premier seconded the motion, and spoke in very complimentary terms of the hospital, and the generous support accorded it by the ladies in particular.

The motion was agreed to.

The Mayor moved the election of the following officers :— President, Mr. E. C. Nowell ; vice presidents, Messrs. G. S. Crouch and C. D. Haywood ; board of management, Messrs. H. T. Gould, J. T. Soundy, F. W. Lord, H. K. Fysh, J. Ridley Walker, H. S. Kirby, H. C. Lovett, M. Mason, W. Lake, R. H. Andrews, J. W. Gould, L. C. Thirlwall, and N. H. Propsting ; hon. medical officers, Drs. Gibson, Gerard Smith, B. Thomas, and W. G. Clark ; hon. treasurer, Mr. J. Ridley Walker ; hon. auditors, Messrs. R. H. Andrews and C. H. Robey ; secretary, Mr. T. B. Mather.

The Rev. Father Hennebry seconded.

Agreed to.

On the motion of Dr. Gibson, a cordial vote of thanks was accorded the Ladies' Aid Association.

On the motion of Mr. H. T. Gould, seconded by Mr. G. S. Crouch, a similar compliment was paid the matron and staff, and the ladies and gentlemen who provided the musical portion of the programme.

Dr. Gerard Smith moved a cordial vote of thanks to His Excellency, which was carried by acclamation.—*Hobart Mercury*, April 14th.

VICE-REGAL VISIT.

THE following editorial appeared in the *Hobart Mercury* of April 12th, the day before the meeting of the Hospital.

The annual meeting of the Homœopathic Hospital is to be held in the Masonic Hall to-morrow evening, and His Excellency the Governor, Sir Gerald Strickland, is to preside. Sir Gerald was desirous of inspecting the institution prior to the meeting, and accordingly an appointment was made for a visit yesterday forenoon. His Excellency, accompanied by the Lady Edeline Strickland and Captain Cottrell Dormer, A.D.C., arrived at the hospital at 11 o'clock. The party was met at the gates by Alderman Haywood, chairman of the general committee, Mr. T. B. Mather, secretary, Mr. H. T. Gould, and Mr. J. W. Gould, members of the finance and house committees, Dr. Gibson, senior physician, and Dr. Gerard Smith, resident medical officer. At the institution

the party was met by Mrs. C. J. Atkins, president of the Ladies' Aid Association, formed in connection with the hospital (of which the Lady Edeline is patroness), and by Mrs. J. W. Evans, Mrs. M. Mason, and Mrs. F. W. Lord, members of the association. Sir Gerald and Lady Strickland were conducted over the building, and were evidently well pleased with their visit. At the present time there are sixteen patients in the hospital. A particularly interesting case is that of a bright little boy from Eaglehawk Neck, who was admitted to the hospital twelve months ago, perfectly helpless with spinal trouble. Under the treatment of the institution he is now able to actively move about on crutches. During the last six months he has been on the free list, his parents being unable to continue payment of the fees. Since he has been in the hospital the lad has been taught to read and write. The hospital was established about six years ago, and has treated a very large number of patients. It has long since come to be looked upon as an institution that could not be done without, and its usefulness might be very much extended if more funds were available. At the present time a large proportion of the expense of upkeep has to be met by sheer voluntary effort, as very many of the patients are unable to pay even reduced fees. The work at the hospital has been carried on in a very unostentatious way, and its usefulness does not seem to be yet fully understood by the public at large. Unquestionably the hospital is of very great advantage, and when its work becomes better known a more liberal response to its needs will doubtless be made. The institution has a most cheery aspect, its situation from a health point of view leaves nothing to be desired, and altogether it seems really more like a home than a hospital. Miss Harwood, late a sister of the Melbourne Homœopathic Hospital, is the matron, and has a staff of six nurses. All appear to take a personal interest in the patients, and give them the best of care and attention. Quite a large number of country people are treated, and accident cases are frequent, many being from the Huon district. Details of the hospital's work, however, will be given at the annual meeting, which will show conclusively the value of the institution. It is proposed to build a verandah and balcony, which will be a decided advantage for cases needing open-air treatment. There is other ground attached to the institution apart from that upon which the building stands, and it has been suggested that the proposed hospital for consumptives might very well be established in connection with the Homœopathic Hospital.

His Excellency made the following entry in the visitors' book: "I am very pleased with the hospital, and wish it all success in its good work."

The above report, though lengthy, is too interesting for us to do other than print it *in extenso*. It is a most gratifying one, and shows not only the excellent work that the Hospital is doing, but the general and official interest taken in the Institution. That His Excellency, the Governor of Tasmania, Sir Gerald Strickland, should have presided at the meeting, accompanied by Lady Edeline Strickland, and the Governor's private secretary, and by the Premier of the Colony, is a fact which speaks volumes. The public interest in and appreciation of the Hospital, and its value as one of the leading charitable institutions in Tasmania, are well demonstrated by the writing of such a long and sympathetic editorial article in the leading newspaper in Hobart, the *Mercury*. We warmly congratulate all connected with the Hospital on its flourishing and progressive condition, and on the progress of homœopathy in this enlightened part of the Empire. [Eds. M.H.R.]

RADIO-ACTIVITY OF THE HARROGATE SULPHUR WATER.

IN view of the fact that the water of what is known as "The Old Sulphur Well" plays such a valuable part in the Harrogate treatment, a recent important addition to our knowledge with regard to its properties will, I think, prove of interest.

Sir William Ramsay, who has been kind enough to examine some of this water for me, in order to ascertain whether or not it is radio-active, writes: "The water contains some radium emanation, and also, I think, a trace of thorium emanation too. . . . I evaporated the water to dryness, and the residue was not radio-active. It would appear, therefore, as if the radium emanation, dissolved in the water, produces its radio-activity."

Sir William Ramsay also states that the tests he made must be regarded as merely qualitative, and as showing that the water is radio-active, but that the radio-activity is present in sufficient amount to warrant a quantitative estimate of it being made. This, I hope, may soon be carried out.

I am indebted to Sir William Ramsay for his kindness in examining the water, and for his permission to publish the facts that he has elicited with regard to it.

HARROGATE.

H. DOUGLAS WILSON, M.D.

Brit. Med. Jour., June 17th.

FALSE SYMPATHY.

Countryman (to dentist)—"The tooth next to that 'un aches, too, Doc."

Dentist—"Yes, it aches in sympathy."

Countryman—"Yank it out. Durn such sympathy."

HOMŒOPATHIC HOSPITAL IN CALCUTTA.

The Indian Homœopathic Review has the following :—

“ We are glad to notice that almost all the homœopaths have joined hands for the cause of the Calcutta Homœopathic Hospital. The appeal that was sent out to the public on the 10th of April, Hahnemann’s birthday, bears the signature of no less than seventeen of the leading homœopathic practitioners of Calcutta. This is a good sign indeed, and we hope the Hospital will be an accomplished fact in the near future.”

We wish the interesting movement all success.

HOMŒOPATHY AT BAD NAUHEIM.

MANY of our patients are now sent to Bad Nauheim for heart troubles, but hitherto there has been, we understand, no homœopathic practitioner there. We have pleasure, therefore, in informing our colleagues that Dr. Sigismund Lowinski has settled there. His address is Parkstrasse 20 part.

LONDON HOMŒOPATHIC HOSPITAL.

GARDEN FÊTE AND SALE OF WORK.

SATISFACTORY RESULTS.

UNDER the auspices of the energetic Council of the Ladies’ Guild of the Hospital, a very attractive Garden Fête and Sale of Work was held at 11, Kensington Palace Gardens, by kind permission of Mr. R. W. Perks, M.P., and Mrs. Perks, on Thursday, June 8, when success beyond the most sanguine hopes of the Council was achieved.

Although the very inclement weather of the days preceding the Fête was against a large attendance, considerably over one thousand people were present.

The ladies forming the Guild to help the Hospital have evidently been making a study of the fiscal policy; they having established at Kensington Palace Gardens, on the Fête day, Free Trade on its broadest lines, and enlisted, on behalf of the Hospital, a large number of “ fair traders,” to see that “ free trade ” was carried out to its fullest extent. Their policy was summed up in the words, “ Buy in the cheapest market and sell in the dearest.”

The Sale of Work was opened by the Countess Cawdor, who was accompanied by her daughters, the Ladies Campbell. They were received by Mr. R. W. Perks, M.P., and Mrs. Perks, Lord and Lady Calthorpe, Vice-Presidents of the Hospital, Mr. J. P. Stilwell, J.P., Chairman of the Board of Management, Members of the Honorary Medical Staff, Drs. Blackley,

E. A. Neatby, Spencer Cox, Roberson Day, Giles F. Goldsbrough, C. Knox Shaw, Colonel Deane, R.A.M.C., etc., the Presidents and Honorary Secretaries of the several branches of the Ladies' Guild, Lady Tyler, Lady Ida Low, Mrs. Fellowes Pearson, Mrs. Kimber, Mrs. Spencer Cox, Mrs. Whateley Willis, Mrs. Knox Shaw, Mrs. Gordon Fellowes, Mrs. Hahnemann Epps, Mrs. Carter, and Mrs. Holman, the Honorary Secretary of the Fête, etc.

The Fête was under the patronage of Lady Geraldine Somerset, The Right Hon. the Countess of Kintore, The Dowager Countess of Kintore, The Dowager Countess of Harrowby, The Right Hon. the Countess Cawdor, The Dowager Countess Cairns, The Most Noble the Marchioness de Sain, The Lady Ida Low, The Lady Jane Trotter, The Right Hon. the Lady de Tabley, The Right Hon. the Lady O'Hagan, The Hon. Mrs. Wellesley, Lady Thorold, The Hon. Mrs. Fitzroy, The Hon. Mrs. Errington, The Hon. Victoria Grosvenor, The Hon. Mrs. Percy Mitford, The Hon. Mrs. Holland, The Hon. Mrs. Rice, Lady de Bock Porter, Lady Forsyth, Lady Tyler, The Hon. Mrs. Barton, The Hon. Mrs. Arthur Henniker, Madame Van de Velde ; The Right Hon. the Earl of Wemyss and March, The Right Hon. the Earl of Dysart, The Right Hon. the Earl Cawdor, Field-Marshal the Right Hon. Earl Roberts, G.C.B., V.C., The Right Hon. Lord Windsor, The Right Hon. Lord Calthorpe, The Right Hon. the Lord Clonbrock, The Right Hon. Lord Cheylesmore, The Right Hon. Sir Edward Thornton, G.C.B., The Right Hon. the Count de Torre Diaz, The Hon. Edward Thesiger, C.B., Sir John Morris, K.C.S.I., Sir Penrose Julyan, General Sir S. Stanley Edwards, Sir Charles G. Walpole, Sir Lawrence Alma-Tadema, R.A., General Sir Henry Trotter, G.C.V.O., The Hon. Warren Vernon, Sir Alexander Hargreaves Brown, most of whom were present.

A little girl (Miss Sylvia Spencer Cox) presented a bouquet to the Countess Cawdor, and Miss Crystabel Holman presented a bouquet to Mrs. R. W. Perks. Mr. R. W. Perks, M.P., having welcomed the Countess, Dr. E. A. Neatby (in the absence of Sir Henry Tyler, Chairman of the House Committee), asked to be allowed to present the following little children, and to beg the Countess to accept their purses of £5 and upwards for the Sale of Work :—

Misses Kittie Challen, Marjorie Challen, Margaret Charles, Sylvia Spencer Cox, Margaret Dill, Dorothy Epps, Gertrude Epps, Barbara Game, Edna Harris, Molly Hill, Nina Hill, Crystabel Holman, Mollie James, Joyce Newburn, Sylvia Adata Judge, Olive Langley, Jeanie Nicholson, Sandberg, Rosalind Sandberg, Joan Stilwell, Mary Stilwell, Sylvia

Stilwell, Gertrude Wapshare, Sylvia Watkins, Masters Geoffrey Clifton Brown, Basil Fellows, Broughton Hurd, David Torrens-Johnson, Butty Marchant, Cutty Marchant, and Harold Newman.

The total amount presented in this way reached £192 10s.

The Countess having declared the Sale of Work open and wished it every success, Mr. J. P. Stilwell, J.P., Chairman of the Board of Management of the Hospital, thanked the Countess Cawdor for having graciously consented to open the Sale of Work, which Lord Calthorpe acknowledged in a neat speech for the Countess. A visit was then made to the Stalls and business commenced. Among other things on sale were to be found artistic children's clothes, ladies' hats and blouses, a large assortment of white needlework, pictures by well-known artists, Sir L. Alma-Tadema, R.A., having drawn one, "A Messenger of Love," especially for the Sale of Work, the other artists being Messrs. J. H. Bentley, H. B. Brabazon, E. Chappel, J. E. Christie, George Clausen, A.R.A., R.W.S., J. W. C. Cossaar, Alfred East, A.R.A., Robert Fowler, R.I., J. Fullylove, R.I., Mrs. Marrable, President of the Society of Women Artists, Isobel White, M.S.W.A., etc., etc., and a large number of pretty and useful articles of all descriptions.

The Æolian Ladies' Band, under the conductorship of Miss Rosabel Watson, largely contributed to the enjoyment of those present.

The Side Shows, under the direction of Miss Baker, consisted of Dramatic Recitals by Miss Annie M. Child, A.R.A.M., and the Misses Conway, Sketches by Mr. Arthur Helmore, and Concerts by a number of well-known artists, all of which were much appreciated.

The takings at the various Stalls were as follows:—

Hampstead Branch, £93, Highgate Branch, £68, Highgate Branch Picture Stall, £94, Kensington Branch, £106, Bloomsbury Branch, £60, Crouch End Branch and South Kensington Branch, £45, and Streatham and Tulse Hill Branch, £47.

The Flower, Cigar and Cigarette, Sweets and Confectionery, together with the Refreshment and Tea Stalls, all showed handsome receipts.

Several Sisters and Nurses from the Hospital were present in uniform, giving assistance in various ways.

At a late hour the triumphant success of the effort was announced, Mr. E. A. Attwood, the Secretary of the Hospital, stating that the Council of the Ladies' Guild were enabled to hand over to the Hospital the handsome sum of £1100 in reduction of the debt of over £12,000, leaving, with the amount already received, only £1200 to be raised to secure the sums of £1000 promised by Sir Henry Tyler, £500 promised by Lord

Dysart, £500 promised by Mr. J. H. Houldsworth, and £100 by Mr. Smart, conditionally that £12,000 is reached.

The Council of the Ladies' Guild are especially grateful to Mrs. R. W. Perks for so kindly placing her house and grounds at their disposal for holding the Fête and Sale of Work, and for the very large share of the work so kindly undertaken by her in making the Fête and Sale of Work possible with practically no expenses. The Council also wish to acknowledge with best thanks the great help rendered by many known and unknown friends in forwarding the interests of the Garden Fête and Sale of Work.

Warm thanks should also be given to the Honorary Secretary, Mrs. Holman, and to the various Presidents and Honorary Secretaries of Branches, who have been untiring in their efforts to promote the success of the Fête.

Since the above was written, a donation of £100 has been received for the Hospital from John G. Ronald, Esq. (per Dr. Dyce Brown), and £100 from Mr. and Mrs. Fellowes Pearson (per Dr. Galley Blackley).

BRITISH HOMŒOPATHIC ASSOCIATION.

Subscriptions and Donations received from May 16th to June 12th, 1905:—

GENERAL FUND.

Donations.

| | | | | | | |
|-----------------------|----|----|----|---|---|---|
| Frederick Puzey, Esq. | .. | .. | .. | 1 | 1 | 0 |
| A. Elliston Fox, Esq. | .. | .. | .. | 1 | 1 | 0 |
| Dr. H. V. Munster | .. | .. | .. | 1 | 1 | 0 |
| J. Martin Tilby, Esq. | .. | .. | .. | 1 | 1 | 0 |

Subscriptions.

| | | | | | | |
|---|----|----|----|---|---|---|
| J. Martin Tilby, Esq. | .. | .. | .. | 1 | 1 | 0 |
| Henry A. Matheson, Esq. | .. | .. | .. | 1 | 1 | 0 |
| F. W. Warren, Esq. | .. | .. | .. | 1 | 1 | 0 |
| John Bowing, Esq., per C. W. A. Stewart, Esq. | .. | .. | .. | 1 | 1 | 0 |

LADIES' NORTHERN BRANCH.

Donation.

| | | | | | | |
|---------------------------|----|----|----|---|---|---|
| Per Mrs. Von Stralendorff | .. | .. | .. | 5 | 9 | 6 |
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Subscription.

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| Per Mrs. Von Stralendorff | .. | .. | .. | 1 | 1 | 0 |
|---------------------------|----|----|----|---|---|---|

MEDICAL MISSIONARY COURSE.

| | | | | | | |
|---|----|----|----|---|---|---|
| Miss Fisher, per Dr. E. A. Neatby, Fees for Summer term | .. | .. | .. | 5 | 5 | 0 |
| F. H. Piper, Esq., per Dr. E. A. Neatby, Donation towards Prizes for Missionary Students of the Medical training course | .. | .. | .. | 7 | 0 | 0 |

ONE THOUSAND GUINEA FUND FOR THE LONDON HOMŒOPATHIC HOSPITAL.

| | | | | | | |
|------------------|----|----|----|---|----|---|
| Mrs. John Morris | .. | .. | .. | 1 | 1 | 0 |
| E. Clark, Esq. | .. | .. | .. | 0 | 10 | 0 |

LONDON HOMŒOPATHIC HOSPITAL.

WE are much pleased to learn that at the monthly meeting of the Board of Management of the Hospital on June 15th, Mr. E. A. Attwood was appointed Secretary to the Hospital, in room of the late Mr. G. A. Cross. Mr. Attwood has been assistant-secretary for twenty-two years, and since Mr. Cross's death has been Acting-secretary. His knowledge of the working of the Hospital thus obtained, with his energy and enthusiasm, and his uniformly courteous treatment of all with whom he has for so long come in contact, pointed him out as the fittest man for the post. His appointment by the Board is a sufficient testimony to the estimation in which he is held, and we congratulate him and the Hospital.

DR. EUGENE PORTER, OF NEW YORK.

WE learn that Dr. Eugene H. Porter, editor of the *North American Journal of Homœopathy*, has been appointed by Governor Higgins, of New York, as Commissioner of Health for that State. The office is for four years. Aside from the fact that the Governor has picked an unusually good man, and a thoroughly competent man, he has knowingly given an important office to a Homœopath. That sort of recognition of the school is worth a great deal more than many cheap advertisements of the school's progress in this, that, and the other districts. Dr. Porter is a man of splendid executive ability, of fine address, and a Master of Arts (Cornell). He was Professor of Physiology and Materia Medica in the New York Homœopathic College. Therefore, we congratulate both Dr. Porter and the people of New York on this appointment.—*The American Physician*, June.

NO FUSION YET.

DR. OSLER, on the eve of his departure for Oxford, is reported to have said in his farewell speech at Baltimore that there should be a fusion of the schools. "It is time for the homœopathic brethren to be admitted to the fold, and squabbles about drugs should no longer separate men with the same hope." This sentiment, coming from such a man, is a significant "sign of the times." The *Medical News*, in an editorial upon the Hahnemann Sesqui-Centennial, admitted that "Hahnemann's high dilution theories, while dogmatic and unsupported, contained some very interesting anticipations of latter-day chemistry." The editor also asks, "Why

should there not be an opportunity for a gradual drawing together in the department of pharmaco-therapy, as the two are already following the same path in the field of surgery, hygiene and sanitation, hospital care, and the use of the various physical therapeutic agents ? ”

The fusion of schools will undoubtedly take place some day. And the era of good feeling is encouraging. But the time is not yet. Let us as homœopaths concede none of our cardinal principles in order to hasten the union. Let us rather wait, secure in our proven law, until the old-school scientists “discover” the truth of *similia*. Then they will thank us for the stand we have taken for therapeutic liberty, and will acknowledge our place in the fraternity.—*North American Journal of Homœopathy*.

AN ISSUE OF IT.

“What has kept you from church so many Sundays ? ” inquired a minister quite severely of one of his rather liberal-minded congregation. “Have you become a Deist ? ”

“Worse than that,” responded the stray lamb.

“What ! You have not been stricken with atheism, have you ? ”

“No, something worse than that.”

“Worse than atheism ? Impossible ! ”

“No, sir, not at all. Rheumatism, sir, rheumatism.”

MAKING A DIAGNOSIS.

“Your husband, Mrs. Muggleby, is suffering from a complication of diseases,” said the doctor. “I must first make a diagnosis.”

“I hope you can make it of calico, then,” was the good soul’s reply, “for I haven’t a piece of flannel in the house.”

OBITUARY.

DR. SAMUEL MOSSA, OF STUTTGART.

THE last number of the *Allgemeine Homœopathische Zeitung* brings us the news of the death on March 8th, 1905, of another doughty pioneer of Homœopathy in Europe, Dr. Mossa, who

was honoured and beloved by all who knew him, and who made himself useful not only by his extensive practice, but also as the editor of the *Allgemeine Hom. Zeitung*, which he has edited for the last ten years in a most able manner.

Dr. Mossa was born in Friedland, near Beskow, on October 29th, 1833. He graduated from the University of Berlin in the year 1858, and passed his examination as physician in 1859. He became acquainted with Homœopathy through Dr. Gross (later of Barmen).

After completing his one year's military service he settled in Bromberg. His medical practice was interrupted by the campaigns of the years 1864, 1866, and 1870, from which he returned decorated with the Iron Cross. In the year 1883, compelled by the sickness of his daughter, he removed to southern Germany, and after a brief sojourn in Strassburg, he came thence to Stuttgart. While practising here, he, on the death of Dr. Villers, became the editor of the *Allgemeine Homœopathische Zeitung*, the oldest and most scientific of the German homœopathic journals. Dr. Mossa was a most staunch and conservative homœopathist, and an able critic; and whatever did not progress according to the fundamental laws as laid down by Hahnemann found in him a strict, though conscientious judge. This was due not merely to the conservatism of age, but also to his experience, showing that compromises with the old school generally degenerate into a merely nominal Homœopathy; while the endeavour on the part of others to give a phantastic development to our pathological and therapeutic views had only proved hurtful. He therefore kept the safe, golden mean, endeavouring to advance homœopathic science on the basis of modern scientific views. This tendency is most fully shown in his own articles, and on this account his casuistic publications are always convincing and instructive. Few among German homœopaths are as well read as Dr. Mossa. As he was a great linguist, the literature of all countries in which Homœopathy makes its voice to be heard was at his disposal, and he made a most wide and beneficial use of this power. With more than forty years' practice of Homœopathy, he stood as a Nestor among his colleagues, and his judgment was respected by all. There are few matters of materia medica and of therapeutics which he has not elucidated in his lengthy literary career. His loss will be severely felt and lamented, not only by the readers of the journal of which for so long a time he had been the editor, and by his many patients, but especially also by his colleagues of the Central Union of Homœopathic Physicians, of which he was one of the oldest and most beloved members.—*Homœopathic Recorder*, May.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE'S Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.; Dental Cases, Fridays, 9 A.M.

Communications have been received from Drs. GOLDSBROUGH, LEWIN, WATKINS, Messrs. LEATH & ROSS, Mr. E. A. ATTWOOD, Mr. F. KING (London); Dr. RAMSBOTHAM (Hartogate); Mr. J. J. MACKAY (Philadelphia); Dr. WALTER WESSELHOEFT (Cambridge, Mass.)

. Dr. ARTHUR BEALE of 32, Weymouth Street, W., has removed to 20, Winchester Road, Eton Avenue, N.W.

BOOKS RECEIVED.

Pocket Book of Bio-Chemical Practice. By Dr. Fred Eric Gray von du Gotz, New York. Philadelphia: Boericke & Tafel, 1905. *Therapeutic Reform.* By W. M. STORAR, L.R.C.P., L.R.C.S. Ed. London: Leath & Ross, 1905. *Homœopathy Explained.* By John Henry Clarke, M.D. London Homœopathic Publishing Co., 1905. *Homœopathic World*, June. *Vaccination Inquirer*, June. *Indian Homœopathic Review*, May. *Calcutta Journal of Medicine*, April and May. *North American Journal of Homœopathy*, June. *Pacific Coast Journal of Homœopathy*, May. *Hahnemannian Monthly*, June. *New England Medical Gazette*, June. *Medical Century*, June. *Homœopathic Envoy*, June. *Medical Times*, June. *Chironian*, June. *American Physician*, June. *Medical Brief*, June. *Clinique*, May and June. *Homœopathic Recorder*, May and June. *Allgemeine Homœopathische Zeitung*, May 25, June 8 and 22. *Annales de Médecine Homœopathique*, February. *Revue Homœopathique Française*, May. *Bulletin del Hospital Homœopathique del Niño Drog.* Barcelona: Jan., Feb., March. *L'Art Médical*, May. *Handelingen van de Vereeniging van Homœopathische Geneesheeren in Nederland*, June. *Homœopathische Maandblad*, June. *Le Movement Medical*, June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE DOCTOR'S AUTOMOBILE AND ITS UPKEEP.

THE intention of the writer in submitting these notes is to answer as briefly as possible the first questions which occur to a doctor contemplating the adoption of a motor car for professional work. No attempt will be made to convert the conscientious objector, or provide a *vade mecum* to supersede a study of one of the many excellent motor periodicals and manuals of instruction. Of all the doubts which beset the enquirer, the most natural and difficult to allay concern the matter of upkeep. It is usually taken for granted now-a-days that a good car will do all that is claimed for it when new, and handled by an expert, but the cry which goes up on all sides is "how long will it keep it up when it is in my hands, and what is to be done when it gets out of order?" On this score the recruit may rest assured that, given an ordinary amount of perseverance, and "sympathy" with materials and mechanism, a car free from inherent defects in construction and condition, and suited to its work, and last but not least an average share of the luck which sportsmen worship, he will be well repaid for his preliminary trouble.

If he is diffident as to his mechanical talents, he may be relieved to know that in numerous instances everything is left to the driver with perfect success so far as immunity from trouble is concerned, but the latter will require to be

paid accordingly, whether good or bad, and good mechanics who are also good servants are hard to find. Even if the driver is really sound, the owner is unable to appreciate the necessity for each item of expense incurred, while the opportunities for mischief, if the man is incapable or untrustworthy, are obvious. On the whole, therefore, our recruit had far better make up his mind to master his car from the start, unless he feels a distinct contempt for all machinery, in which case a good car would be wasted on him. This course will enable him to keep on his handy stable lad, who is probably burning to learn all about a motor, and who will, in a very short time, be able to do all the manual work necessary, before bringing the car to the door.

The second essential condition mentioned may be secured by any one, with caution and an experienced motoring friend to advise him. In any case he will not go far wrong if he restricts his choice to firms with an established reputation, and avoids cheap and showy brands, generally advertised as "marvellous value." If their price is as much as he can afford, he had much better spend it on a second-hand car of well-known make, provided it is in good condition. This fact can be readily ascertained by requiring a trial run in the company of the above friend. A long, steep hill, followed by a "look round" the tell-tale parts by the friend, will generally show if it is any the worse for its former ownership.

Good second-hand bargains are more common than might be supposed, owing to the haste of the wealthy enthusiast to be always satisfying his latest whim in motor fashions; but the ease with which serious damage can be disguised before the novice, renders a thorough trial even more imperative than in the case of choosing a new car, and any reluctance to give it is self-condemnatory.

The choice of type best suited to the particular conditions, is of next importance to freedom from absolute defects, the preference for any particular make being chiefly a matter of personal inclination in minor details and general impressions. The motive power naturally assumes the first claim to consideration, in respect to its form and amount.

The form almost universally employed for country work is the gas engine using petrol spirit as fuel; and in point of fewness of parts, great power in proportion to its weight and size, economy and capacity for sustained work, with minimum attention, it is unsurpassed. Its failings are too generally known and frequently exaggerated to call for enumeration.

Steam power is still preferred by a satisfied minority, and a few makers have succeeded in producing steam cars which have much to recommend them, though the early steamers of American origin were too flimsy for rough work, and required fresh water every thirty miles or so. But now that 100 miles can be covered without taking in water, and paraffin can be used as fuel in certain makes, the chief drawbacks are the time required to raise steam, (which, though only a few minutes with a "flash" boiler, may be important to a doctor) the attention required while driving, and the number of joints and glands under high pressure, while the boiler is always ready to assert its presence at the slightest provocation, like the skeleton in the cupboard. However, its silence, smoothness, and simplicity of speed-control are attributes unequalled by the most expensive petrol cars.

The electric car is essentially the automobile counterpart of the smart town carriage, but the limitations of a battery of accumulators have as yet confined its sphere of profitable work to the largest cities, where a large number can be run in connection with a charging depôt. Though admittedly expensive, both in first cost and in upkeep, owing to deterioration of battery, its supervision has been so perfectly organized that London owners can contract to have their cars kept always in perfect running order for a moderate annual sum, and are free from the trivial but none the less annoying hitches to which the petrol car is liable. The limitation of distance available has been met by a system of rapidly interchangeable batteries, so that a fresh capacity for a further 30 miles can be obtained at the depôt in a few minutes, while arrangements have been made with the supply companies for installing charging apparatus in owners' stables on special terms. The absence of apparent motive power attracts a numerous section who are averse to the respectability of a closed

carriage being marred by the attributes of the petrol engine, but who do not object to having the work of several pairs of horses done at less expense. It is always ready to start without preliminaries, and a coachman can be taught to drive it almost at once.

In considering the amount of power required, it will be assumed that the petrol motor is selected, as most generally suited to the average doctor's work. This will mainly depend on the seating capacity required, as, even in level districts with good roads, there is always the possibility of meeting an exceptional gradient, and the power should be equal to the worst conditions conceivable. If only required for two occupants, a single-cylindereed car of a good 6 H.P., is sufficient, and will be distinctly handier and more economical than a four-seated car. The motor bicycle, though wonderfully useful under favourable conditions, cannot be recommended for bad weather; but its offspring, the tricycle, or "tri-car," of 4½ H.P., and fitted with 2-speed gear, is a fast and serviceable miniature, costing only £85. However, the extra protection from bad weather afforded by the smallest car is well worth the extra cost.

A two-seated car of established reputation can be bought for £175, and should not cost more than one half-penny per mile for fuel, and one penny per mile for tyres. Cars costing £150 and even less are giving constant satisfaction, but there is much flimsy rubbish with the good at this price. For a four-seated car, at least 10 H.P. with 2 cylinders is necessary, and 12 H.P. is an advantage. The price rises at once to £350 for a first-class make, and the upkeep is proportionately more costly. A four-cylindereed car is a luxury which may cost anything over £500. Most catalogues will be found to contradict one another, and this is where only the friend with experience can avert total despair.

Tyres are a stumbling-block to many, and, since practically all small cars are built for pneumatics, the puncture demon must be faced so long as horses have nails in their shoes. But the use of leather treads, vulcanized on the covers, will almost entirely eliminate this annoyance,

and the steel rivets with which they are provided will prevent side-slip. Even with plain treads, troubles are comparatively rare, and, if a spare tube is carried, are never irremediable. The secret of economy in tyres is to start with the best obtainable, and of ample size, to stop up cuts at once, and have new treads vulcanized on before the canvas fabric has been exposed at any spot to damp. The immunity from puncture afforded by solid tyres can only be enjoyed without injury to the mechanism by selecting one of the few cars which are specially built of extra strength and weight, to stand the greater shocks, and then by not exceeding a speed of twenty miles per hour.

A final word on the bugbear of depreciation. This may appear excessive, if it is desired to sell the car before it has appreciably deteriorated; but one of good make, known to be in running order, should always fetch at least 60%, of its original cost. The actual depreciation, however, as represented by deterioration in efficiency, may be realized by the fact of distances such as 40,000 miles being covered without the fundamental parts being worn out.

With this brief outline of the new conditions of transit now open to him, the reader may be left in the hands of his motoring friend, and a trustworthy agent in the neighbourhood, with our wishes for the last factor in success—good luck.

BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Meeting of the British Homœopathic Congress will be held this year at St. Leonards-on-Sea, on Friday, the 22nd of September, under the Presidency of Dr. Goldsbrough, whose address on "Freedom in the Practice of Medicine; its necessity and implications" will be listened to with interest and profit. Full details will be given in the circular which will be in the hands of all homœopathic practitioners by the early part of August.

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MOVABLE KIDNEY : A RESUME OF METHODS OF DETECTION AND METHODS OF TREATMENT.

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SYLLABUS.*

Introduction.

Frequency.

Topography : Views of Bourcart, Wolkow, and Delitzin.

Causes : (1) Radical or Structural ; (2) Anatomical,
(a) Intra-abdominal pressure, (b) Subinvolution ; (3)
Corset, view of Stratz ; (4) Emaciation, its rôle.

Complications : Effect on (1) Suprarenal gland ;
(2) Ureter ; (3) Large intestine.

Diagnosis : (1) Methodical ; (2) Urinary analysis.

Symptoms.

Treatment : (1) Mechanical ; (2) Operative ; (3) Medi-
cinal.

INTRODUCTION.

GENTLEMEN,—The subject of my paper this evening is “Movable Kidney,” and I hope with the aid of lantern slides, and clinical examples, to give to a subject which is admittedly somewhat obscure, and to many not particularly interesting, a vitality which will insure interest. The importance of the subject is very great, because upon its recognition depends the only possible clue to pain which is often very severe, and to associated phenomena which are no less distressing to the patient. I would go a step further and say that unless recognized, all the art of the physician to relieve the pain induced by movable kidney is absolutely wasted.

Now as regards the subject of my paper there are certain limitations which I should like thus early to define. By a “movable kidney” I do not mean a “floating” kidney, nor one which moves merely, for all do that ; nor yet one which can be simply felt, in other words, the “palpable” variety, for it is generally possible by bimanual examination in a thin subject to *feel* the organ easily. With regard to the “floating” variety, or, as it is sometimes called, the

* This paper was illustrated by lantern slides and the exhibition of cases.

"wandering" kidney, it is a congenital condition. The organ is covered by peritoneum, it is attached by a so-called mesonephron, and it floats about in the abdominal cavity just as do the coils of the small intestine. In stating that all kidneys move, I refer of course to that which is physiological, and is due to contraction and descent of the diaphragm. This range of movement is of course very limited, and I mention it here partly for definition's sake, and partly because under the head of treatment this characteristic is taken into consideration.

Precisely, then, the movable kidney referred to in this paper is one which, though cut off from the cavity of the peritoneum, which is normally the case of course, and situated between the peritoneum in front and the abdominal parietes behind, also normal, *yet* possesses a range of movement which is greater than physiological. It varies from an inch or two, to a degree which will allow of the organ occupying the pelvic cavity.

FREQUENCY.

Movable kidney is far from uncommon. It occurs much more often in women than in men, and chiefly in women who have borne children. One observer, Skorczewsky, says that he examined 1,422 patients during life; 1,030 of these were females, and 392 males. 32 out of the former and 3 out of the latter were the subjects of movable kidney; in other words, it is about four times as common in women as in men. Personally, I should have thought it about twenty times more common; but then one is constantly examining women with the object of ascertaining; not so men; hence this observation must be taken for what it is worth. It should be remarked here that in speaking of men, I do not include the young male adolescent, and shall refer to this point later, and also to the fact that, as we shall see later, the anatomy of the loins and pelvis of the male adult is such as to lend greater support to the organs in the male than in the female.

TOPOGRAPHY.

Before proceeding, it is necessary to refer to the topography of the renal region. To do so at length would be wearisome, and would, after all, be a recapitulation of facts learnt in our student days perhaps with more labour than heartiness, and as a means to an end rather than from an

intrinsic fascination of the subject itself. Be that as it may, we merely need a few reminders now. Thus, the first illustration shown is a well-known one from Ellis and Ford's plates. The right kidney, with which we are chiefly concerned, has been removed. The left is still intact. The muscles associated with displacement are well shown, and as they will be referred to incidentally in course, I may at the moment particularize them, viz. the quadratus lumborum, the iliacus, and, *facile princeps*, the psoas, great and small. One may also observe here that the vault of the diaphragm is higher on the right side than on the left, and further, though this is not shown in the plate, that on the right iliacus muscle the cæcum rests, and on the left the sigmoid flexure of the colon.

Having thus briefly spoken of the structures forming the bed or lodgment of the kidney, it is necessary to refer to the relations of the latter with adjacent organs. The object is to show, as I intend to do later on, why it is that a displaced kidney originates so much suffering referable to other viscera. This is clear enough when the anatomical relations with respect to each other are borne in mind. Much that is otherwise obscure is made plain, and there is less temptation to refer to associated pains as reflex or sympathetic, for they are indeed due to nothing more romantic than anatomical contiguity.

"The anterior surface of the kidney is convex, partially covered by peritoneum, and is in relation on the right side with the back part of the right lobe of the liver, the descending portion of the duodenum, and the ascending colon; and on the left side with the great end of the stomach, the tail of the pancreas, and the descending colon. The superior extremity is embraced, as is well known, by the suprarenal gland, and corresponds to the eleventh rib." (Gray).

I have endeavoured to make the above data pictorial by slides of two plates found in the work of Professor Bourcart, of Geneva, and entitled, *Le Ventre*. This book is largely a translation into French of a work originally written in Russian, by Drs. Wolkow and Delitzen, and published in 1899. Prior to the French translation, there had been one into German, and from it the former was made. With slight exception the descriptions of the relations of the kidney as given in *Gray's Anatomy*, just quoted, correspond with the two figures shown on the screen.

CAUSES.

We now come to some of the causes of movable kidney, and I have divided them as follows :—

(1) *Radical* or *Structural*; (2) *Anatomical*, (a) Intra-abdominal pressure, (b) Subinvolution; (3) The *Corset*; (4) *Emaciation*—its rôle.

This list, of course, lays no claim to being exhaustive, but only to embrace the most important causes. Thus we speak first of *radical* or *structural*. By this I mean certain defects which are common to the genus *Homo*, and appear to me to belong to that strange category which includes a liability in some people to hernia. They are not due to anything acquired as the outcome of recent civilization, that is, though what rôle evolution down the ages may play I do not presume to suggest.

Before describing the strange-looking figures which follow, it is necessary to introduce them by saying that they are the reproductions of certain plaster of Paris casts made by the authors before mentioned. The object of these investigators was to study the characteristics of the bed or lodgment of the kidney, and to find out what anatomical peculiarities might exist, which would tend to dislodgment of the organ. The method adopted is an ingenious one. The viscera having been removed from the abdominal cavity of a cadaver, and the brim of the pelvis closed in by some impervious material, as it were by a shelf, plaster of Paris is poured into the place thus isolated, and allowed to harden. The body is placed sometimes in the horizontal, sometimes in the vertical plane. The resulting cast is, by and by, removed, and in these slides we have thus presented the obverse of the para-vertebral depressions, the upper part representing the renal bed. It is but fair here to remark that the original casts have evidently lost something in the reproduction, and probably these slides something more. It is not easy always to follow exactly some points which were evidently clear enough in the original casts. One must take something for granted, although, as a matter of fact, details essential to the argument based upon the casts are quite clear.

A consideration of these slides serves to establish certain data. In the first place there is a difference between the renal bed of the male and of the female. In the case of the male it is broader above than below; in other words, it is pear-shaped, more or less, with the narrower end pointing

downwards. Besides, there is but little variation in its characteristics whether the subject be standing or lying, and speaking generally, the two sides correspond. Thus we have in men anatomical peculiarities which tend to dis-favour displacement of the organ.

In the female, on the other hand, the case is different. The chief point to remark is that the renal bed is more open below than above, its shape is less pyriform, or rather it is cylindrical, and more so still in the standing position of the body. Moreover, this cylindrical shape is more marked on the right than on the left side.

Thus, briefly, in women an openness below of the renal bed, more marked on the right than the left side, forms a radical or structural peculiarity which tends towards displacement of the organ.

We now come to the *second* or *anatomical cause* of the condition under consideration. This, as before mentioned, is divided into two, viz. (a) *Intra-abdominal pressure*, and (b) *Subinvolution*. First with regard to the former. There is a good deal which is debateable as regards this, or rather one aspect of it, viz. the intra-abdominal *atmospheric* pressure. I do not feel competent to enter into this, nor is it necessary, for it can only very remotely affect the subject in hand. One statement, however, may be made without prejudice, viz. that I have frequently noticed in abdominal operations, that as soon as ever the peritoneal cavity is opened there is a rush of air into the latter, which is heard with the greatest distinctness. Thus the pressure in these cases is greater without than within. That, however, which we wish to speak of here is not the atmospheric pressure, but the pressure of the intra-abdominal organs, the one upon the other. Such must depend partly upon gravity and partly upon resistance and elasticity. Compare for example the density of the liver with that of the duodenum and small intestine. Chiefly, however, for our purpose, what is of prime importance is the state of elasticity of the abdominal parietes, because the relationship of the intra-abdominal organs, though subservient to gravity and resistance, depends principally upon the state of tonicity of the parietes. The question is, in what degree do the latter maintain their normal supporting power? And here I refer, not only to the anterior, but also to the posterior and lateral walls as well. We have already seen that movable kidney occurs mostly in women who have borne

children, in those, in fact, to whom parturition has left its legacy of relaxed abdominal muscles. In the next slide I show the condition common enough, unfortunately, in these circumstances, of the wallet-shaped abdomen, or in plainer English, the "pendulous belly." This is deplorably common amongst the poor, and is not due, I believe, solely to poor food and curtailed rest after confinement, but largely to an underlying dyscrasia to be referred to shortly.

From what has been said it will, I think, be clear that an abdomen which is pendulous favours discord as regards the mutual accommodation of its contents. As the coils of intestine follow the sagging parietes, or even emerge through the interval between the recti muscles, forming thus a true entero-ptosis, so a kidney, assisted by the anatomical peculiarities of its bed, tends to slide downwards and forwards.

I now come to speak more particularly of the second subdivision, viz. *Subinvolution*. Strictly speaking it has already been alluded to in the foregoing, but I wish to refer to it now in a wider sense. We speak always of subinvolution of the uterus when wishing to convey that this organ, since the expulsion of its contents, has failed to return to its normal size and consistency. In point of fact, the uterus is but one of several organs which have been lacking in this respect. Besides the large, flabby, and frequently toppled-over uterus, and the redundant, and scarred *anterior* parietes, we have a similar condition of the *lateral* and *posterior* parietes. The bearing of this upon movable kidney can hardly be unimportant. But there is another subinvolted muscle which plays, I believe, an even more important part than those already referred to, viz. the *diaphragm*. This, I believe, accounts for the dyspnœa on exertion so frequently complained of by young women during the stressful years of child-bearing. Moreover, a subinvolted diaphragm must contribute to a faulty intra-abdominal pressure, and thus indirectly favour renal displacement. I cannot prove that movable kidney is commoner than it used to be, say twenty years ago; but I think it is, and I feel sure that underlying the subinvolution as a cause, there is another factor upon which even the subinvolution itself depends. I refer to *neurasthenia*. A convenient term, one may say, to express ignorance. Be that as it may, it is a convenient term also, since it embraces symptoms wide as the poles asunder, and unites

them at one point, which we label for practical purposes *nerve exhaustion*. I, for one, am convinced that in neurasthenia we have a pathological entity. Whether, however, movable kidney is commoner than formerly or not, one thing is clear, viz. that exhaustion of the young mother is greater than it used to be, and hand-feeding of the infant is vastly more common. Thus one of the chief stimuli to uterine contraction is removed, and involution in general is arrested.

And now to a short review of the third cause of kidney displacement, viz. the much-abused *corset*. Endless controversy has ranged round this apparently innocent structure. Worn as the average woman in this country wears it, I cannot see that the corset does any harm whatever, nor does it in such cases appear to me to have any causal relationship with the subject of my paper. We all know, however, that sometimes a physician finds himself sorely perplexed as to how to deal with this terrible constriction, without giving dire offence to his patient. Perhaps the following translation of some wise, if rather sarcastic words, of Dr. Stratz, explains matters. "Fashion," says he, "has been created less with the object of bringing beauty into evidence than to hide *defects*, and thus it is that all warfare waged against its mistakes ends only in defeat, and efforts the most laudable remain sterile. A beautiful body will always be beautiful, however clothed; but as the proprietors of the latter will always be in the minority, they will be obliged to submit to the numerical advantage of their sisters, who are not only more numerous, but would make believe *more beautiful* than nature made them."

I mentioned earlier that the superior pole of the kidney, corresponds with the eleventh rib. If undue constriction of this region during adolescence be indulged in, its baneful influence in pressing the kidney from its bed may be obvious later. If, however, a milder constriction be exercised lower than this level, and especially if the corset be put on in the recumbent position, it appears to me that it would act rather as a hindrance than otherwise to displacement of the kidney.

A reference to the chief causes of ptosis of the kidney would scarcely be complete without a word as to another reason frequently assigned for its occurrence. I refer to the absorption of the peri-renal fat. This was said to act

as a natural support to the organ imbedded within it. The researches of the authors already referred to tend to dispel this view, and to show that the peri-renal fat has little, if anything, to do with the support of the kidney itself. These authors, having fastened the cadaver to a plank which has in its centre a universal joint, moved the former about in various positions and planes. When a new position was adopted, an injection in the renal region of colouring matter was made. By a study of these the variations in the level of the kidney, in different positions of the body, were noted. I have not dwelt upon these researches, because it would appear that they must be greatly, if not entirely, vitiated by the fact that living and dead fat are, for practical purposes, totally different things. In the living it appears to me we have in the semifluid pink material, traversed though it be by fine trabeculae, a substance of very little, if any, supporting power. I can quite understand, if the absorption of fat took place very suddenly, that the kidney would be more liable to fall than it had been, but the fat cannot disappear suddenly. A sudden removal of ascitic fluid, or the delivery of a child, would, however, have their effect upon the intra-abdominal equilibrium, and merit perhaps as causes a more lengthy consideration than time permits.

The truth, I submit, lies in the fact that the neurasthenia is not only responsible for the subinvolution, but for the emaciation also, and that the latter is an accompaniment rather than a cause of movable kidney.

Thus, to summarize, the causes are :—

- (1). Radical or Structural, as shown in the plaster of Paris casts.
- (2). Neurasthenia, leading to subinvolution and defective intra-abdominal pressure.
- (3). The Corset, in a very limited sense, and in certain well-defined conditions.
- (4). Emaciation, a possible cause, but in a still more limited sense even.

COMPLICATIONS.

I now come to speak of a few of the *complications* of movable kidney, and as these concern essentially either the origin itself, broadly speaking, or the large intestine, we may consider them under these heads.

As regards the *first*, we may take it as granted that

the kidney itself suffers no ill effect fairly attributable to abnormal location; not so however its adnexa, viz. the suprarenal gland and the structures grouped together at the pelvis. In this slide (8) is shown a right kidney in a state of ptosis. The primary cause in this particular instance is the lengthening out of the right lobe of the liver. It will be noted, in passing, that there is pressure on the vena cava, and in one case recorded by the same writer this pressure hindered the circulation to such a degree that the patient suffered from well-marked œdema of the limbs for many years, and only when its true cause was recognized and the kidney replaced did it begin to subside, ultimately disappearing altogether. The point, however, which I specially wish to bring out here, and which is well indicated, is the condition of the *suprarenal capsule*. It is very remarkable how this gland resists dislodgment, and declines to submit to being severed from its connections. Although, being attached to the kidney, it is obliged to follow the descent of the latter, it becomes stretched and elongated proportionally, but still retains its connections above and below, and is never actually displaced. This fact appears to me very important and interesting in view of what is now known of the physiological action of suprarenal extract, and also in view of so-called "internal secretion," as it occurs in the gland under consideration. I submit that the latter, from a stretched-out suprarenal gland, may be so modified, or rather vitiated, that it is accountable for some of the symptoms met with in ptosis of the kidney.

Now for the effect upon the *ureter*. We may take it, I think, as proved, that movable kidney pure and simple gives rise to no known distinctive pathology of the *urinary secretion*. It is noteworthy that even in an extreme case of ptosis the urine is essentially normal; it contains, that is, no constituent which can reasonably be assumed to be due to abnormal location. I shall refer to this point again later.

When the structures at the hilum of the kidney are studied, it does not seem very obvious why, if their relationships be normal, any mechanical obstruction should be brought about by displacement. Yet this does occur, with very serious results, and I show two slides here in illustration. In No. 9, a mechanical hydronephrosis has taken place, due to ptosis, and a curvature of the ureter over the renal vessels, and a kink in it in consequence. The next, No. 10,

is no less interesting. It shows incidentally the elongation and stretching of the suprarenal gland already described, but it is to indicate chiefly an abnormality of the ureter in relation to the vessels. This, presumably, would also tend to the formation of a hydronephrosis.

With regard to the effect of *pressure upon the large intestine*. This slide (11) is from a case of wallet-shaped abdomen or "pot belly," with ribs deformed by tight lacing. The stomach, liver, and kidneys, are all more or less in a state of ptosis, and the first is obviously dilated. That portion of the colon under the right false ribs is clearly exposed to very considerable danger from pressure.

Slide No. 12 shows the left kidney dropped, and the serious pressure induced thereby at a point where the transverse colon merges into the descending.

DIAGNOSIS.

I need not detain you long over this, but merely indicate the usual method employed, and under this head also say what is necessary with regard to analysis of the urine in these cases. In slide 13 the patient is really half lying, a position which tends of course, to relax the abdominal muscles. It is more usual in this country to examine a patient lying flat, not because it is easier, but because it so happens in the majority of cases that examination of the kidney suggests itself in the course of a pelvic examination when the patient is lying on the back with the knees drawn up. The hands being warm, the patient's attention engaged, and the abdomen not needlessly exposed, the left hand presses posteriorly into the space just below the last rib. Thus the kidney is pushed forwards, and the patient is now asked to take a deep breath. This depresses the diaphragm and liver, and with them the kidney. The right hand now presses below the anterior costal edge, when, if the organ is movable. it is readily felt between the two hands.

Now as to the *urine*. I have already said that a movable kidney excretes healthy urine, and that if there be any thing abnormal in the analysis, it is due to circumstances which are extraneous. The urine ought, however, invariably to be examined.

Mobility of the kidney and albuminuria may, of course, be associated, and it is held by some that in certain cases the relationship is that of cause and effect. Thus in the

case of the young adolescent, the so-called "postural albuminuria of puberty," occurring in the morning when the erect posture is assumed, tends to confirm this view. I can only say that I have many times sought for this relationship in my cases, but have not found it.

The most severe case of renal ptosis in a lady with which I am acquainted, resisted a most searching examination by Dr. Whitaker to find albumin. He tested with nitric acid, picric acid, and by boiling with acetic acid, and not even the faintest trace could be found, and yet this patient's right kidney was lying on the pelvic brim.

If albumin be present, the cause then must be sought elsewhere, e.g., in one case there is a very distinct deposit constantly present, yet it is significantly diminishing since the kidney has been supported, and the patient has taken arsenicum. In this patient there is a history of post-scarlatinal nephritis many years ago. She is now 27. Here then we have a case probably of the large white kidney, which tends to droop in consequence of its weight, and is an example of a pathological kidney, with albumin, and its mobility is merely a feature of the complaint.

SYMPTOMS.

As the analysis of urine is not distinctive, neither are the symptoms. To give a list of them would be dry reading. The best plan will be to take an imaginary, or rather a type case: A woman has borne two or three children, probably rather rapidly. She has been subject to an excess of the ordinary cares and anxieties of life, and to a temperament already neurotic, over-anxiety and nervousness are now added. I use the term "nervous" in a restricted sense, for she may be a Spartan in endurance, who will face any danger or emergency with calm heroism. Thus hysteria is not in the vocabulary. In early womanhood she was well covered, even plump, but of late years has been getting thin, and is now emaciated. She has a subinvolted and bulky uterus, and complains of bearing-down and backache. The levatores-ani are also subinvolted, and there are consequent cystocele and rectocele. She especially complains, however, when interrogated, of an ill-defined abdominal pain, at times acute, and always nagging. It is referred to the epigastrium, gall-bladder, or transverse colon. Sometimes she is aware that something moves from side to side as she turns. The pain

described is absolutely independent of food, being neither improved nor disimproved by its presence or absence, and it is uninfluenced by its quality. The pain, however—and this is the crux—goes when she lies down, or goes to bed, and the hours spent thus are the only blissful ones of the twenty-four. As soon as she rises in the morning the pain begins again.

Thus I have endeavoured to summarize the symptoms. They are not, of course, inconsistent with other conditions, notably stone in the kidney and duodenal ulcer, and these, therefore, must be borne in mind. Two other points may be mentioned, one a detail of some interest, the other by way of caution. One lady told me that ever since the birth of her only child, now 14 years ago, she has feared to arrange any thing on her sideboard, because the merest touch of the abdomen at the level of this piece of furniture gave rise to so much pain. In fact the arranging flowers here and “stomach-ache” always went together. And yet the peccant organ had never been brought to book, and indigestion was the cause assigned.

A movable kidney may, however, give rise to no symptom whatever. I well recall years ago seeing a patient with Dr. Cash, of Torquay, with both kidneys lying at the pelvic brim, but with no local symptoms at all.

TREATMENT.

Gentlemen, I fear my paper is getting too long. I will therefore be quite “sketchy” under this last head. Essentially the treatment is (a) *Mechanical*, (b) *Operative*, and (c) *Medicinal*.

The first comprises three subdivisions, viz.: (1) The abdominal bandage. (2) Massage. (3) Breathing exercises.

The first I show in the next three slides. It can be applied next the skin or with a thin garment beneath. It may be commenced either on the right or the left side, but it *must* be applied when the patient is lying down, and it *must* be tight at its lower margin. If it is not put on in the recumbent position the kidney will not be held rightly in place; if it is not tight where necessary, the band will be found in a few hours under the patient's armpits.

2. *Massage*. This I learnt from Martin, of Berlin, and it is of immense use in the pot-belly so frequently referred to.

3. *Breathing Exercises*. The object of these is, of course,

to give tone to the abdominal muscles, and especially to the diaphragm. Whiteley's Exerciser, the systems known as Swaboda's, or Conn's each have their place.

OPERATIVE.

I have stitched the kidney in position two or three times, and am not charmed with the result, chiefly as it seems to me because it is unnatural to *fix* the kidney.

Nature has assigned to it a certain limited but quite definite range of movement, as we have seen, and it does not appear to me common-sense to render it immovable.

Where the recti muscles are very widely separated and the bowels fall through the interval, in other words, in a severe case of entero-ptosis, it is right according to some, after denudation, and making a raw surface, to stitch the muscles together. I have never done this, at least not for the condition due to subinvolution.

MEDICINAL.

I believe in arnica, and for the nephralgia am impressed with arsenic. Nitrate of strychnia is extremely valuable, and mostly, I believe, in cases where the duodenum is chiefly implicated.

Cantharis, berberis, phosphorus, terebinth, and picric acid all have their spheres of action for symptoms which often accompany, and are frequently, if not always, caused by the movable kidney.

ADRENALIN IN A CASE OF ARTERIO-SCLEROSIS AND EMPHYSEMA.

By P. JOUSSET, M.D.*

AUGUSTE X., aged 60, was admitted into the Saint-Jacques Hospital last September, complaining of having suffered for seven months from severe asthmatic attacks which prevented his working. He had been in the Necker Hospital for five months, where the crises were treated by hypodermic injections of morphia, two or three daily, but as the relief afforded was practically *nil* he returned home, and then presented himself at the Saint-Jacques Hospital.

In the way of hereditary and personal antecedents there

* *Revue Homœopathique Française*, 1905, p. 244.

was nothing specially interesting to note, and the patient could not remember that he had ever had a day's ill-health in his life until the present illness came on. A blacksmith by trade, he had led a very regular life, and drank but little. For several years he had noticed that he got easily out of breath.

EXAMINATION OF PATIENT.

Respiratory Organs.—On inspection the thorax was seen to be barrel-shaped, and on percussion the resonance was exaggerated. On auscultation inspiration was found somewhat spasmodic, and expiration prolonged and whistling; in both lungs were numerous dry and sibilant râles.

Circulatory Apparatus.—The arteries were hard, like pipe-stems; the temporal arteries strongly marked and very tortuous. The pulse was strong, hard, and rather rapid. The heart was difficult to auscultate; the apex beat in the sixth intercostal space; no *souffle* was heard on auscultation, but one noted that the second aortic sound had rather a metallic timbre.

Digestive Organs.—Appetite had always remained excellent; digestion good and bowels regular. Liver slightly lower than usual, but did not appear enlarged.

Urinary Apparatus.—Urine fairly abundant; about 1500 grammes in 24 hours; specific gravity 1010; contained traces of albumin, and urea 10·08 grammes per litre. Under the microscope granular casts and epithelial débris were seen. There was therefore renal insufficiency and chronic nephritis. This insufficiency was accentuated when there was oliguria. No difficulty in passing water.

The patient was weak and very depressed; walked with the head thrust forward and the neck between the shoulders. His tint was pale and his eyes sunken. He could not rest in bed, passing whole nights in an easy chair, and sleeping barely for one hour out of the twenty-four.

The crises were numerous and very intense. They lasted from two to three hours, and terminated with abundant mucous expectoration.

Treatment.—Sambucus ϕ was first prescribed, but failed absolutely to give relief; the crises were just as violent, and although wishing to discontinue the use of morphia, we were obliged to give one injection a day of $\frac{1}{2}$ to 1 centigram; this alone calmed the patient. The classical

remedy for asthma, ipecacuanha (1x trit. in doses of 20 to 75 centigrammes) gave no result whatever, and the same may be said of arsen. alb. Whilst these were being tried the quantity of urine fell to 700 grammes, and the lower extremities became slightly œdematous. Cantharis 3x, coupled with a half-milky diet and discontinuance of meat, soon increased the quantity of urine, but the asthmatic attacks were just as violent as ever. Kali iodatum (0.50 centigrammes per day) gave no amelioration. Causticum 6 was now tried, and acted from the first day; the crises became less violent and then less numerous; little by little the patient became able to enjoy some hours of sleep stretched on his bed. The urine increased to 2 litres per diem. This drug was continued for about three weeks, when the effect slowly diminished and then ceased; the crises returned but were less violent.

Adrenalin, 2nd centesimal trit. (0.05 grammes daily) was now prescribed, and the crises ceased, and general amelioration was very manifest, the urine rising to 2 or even 2½ litres daily. At the end of a fortnight this drug in turn had lost its effect, and the crises returned very violently. The urine diminished, the œdema of the legs showed itself again and became very marked; the patient no longer slept at night, and the crises were very violent. Cantharis 6 caused rapid increase in quantity of urine and diminution of œdema, and the crises were slightly milder.

Adrenalin 2 was then tried afresh, and gave sensible relief which again lasted for a fortnight; the third centesimal trit. was without apparent effect, for the crises under its use became very violent, œdema increased, and quantity of urine fell to 1200 grammes. Cantharis even when coupled with a milky diet was now powerless. Causticum 12 was given for two days, but acted very feebly. We then returned to adrenalin, this time in the sixth centesimal dilution, and the effect was remarkable. The crises disappeared completely, the patient slept for the whole night, except for a very slight attack between 12 and 1. This good effect continued for about a fortnight, and then once more it failed to relieve. Sambucus ϕ m x daily was now given, and although it failed previously it now acted very well, and this action has continued up to the present.

At the present time the patient in no way resembles the depressed creature who could scarce drag himself along when he entered the hospital. He now walks during a

great part of the day, and has resumed his normal aspect.

This observation gives rise to some interesting considerations. The localization of the arterio-sclerosis, in this case, in the aorta, lung, and kidney gave rise to a complexus of symptoms, of which cardiac asthma was the most prominent.

The treatment, without giving a definitive result, which one could hardly expect in so complex a case, nevertheless produced modification of individual symptoms, as we shall proceed to point out.

At the Necker Hospital no curative treatment was even attempted, and the morphia-injections, in spite of the gradual increase of dose, became powerless.

At Saint-Jacques the treatment at first prescribed was that of ordinary asthma, which as we have seen, remained absolutely without effect. The reason for this was that we had to do, not with a case of pure asthma, but that the emphysema was coupled with a condition of arterio-sclerosis of the bronchial arteries. The dyspnoea also depended to some extent upon the condition of the kidney, for it increased when there was oliguria, and diminished when after the exhibition of cantharis the daily quantity rose to 2 or 3 litres.

The chief therapeutic interest of the case, however, lies in the action of the adrenalin, which on two different occasions caused notable diminution of the dyspnoea, permitting the patient to lie down at night, and producing abundant diuresis with disappearance of the anasarca. That the medicine as given originally in the 2nd and 3rd trituration ceased to relieve, and then aggravated the condition of the patient, there can be no doubt, and it was only when the 6th centesimal dilution was prescribed that we obtained the greatest and most lasting amelioration. Sambucus, which had been absolutely without effect at the commencement of treatment, had a beneficial effect when prescribed after adrenalin, and when the organism had been apparently modified by the latter drug.

J. G. B.

ON STATES OF ACID AUTO-INTOXICATION.*

BY DUDLEY WRIGHT, F.R.C.S. Eng.

IN a former communication to the *North American*, mention was made of the fact that in the Laboratory of the British Homœopathic Association some experimental work had been carried out on the subject of acid auto-intoxication. It is our purpose to-day to give a short account of some of the results obtained.

In the human body the normal alkalinity of the blood and tissue juices is maintained at a fairly constant figure by the neutralization of various acids which at every moment of life are produced by metabolic activity. It is true that the lungs rid the body of some of this acid in the form of CO_2 , but there remains a moiety—consisting chiefly of organic acids—which is neutralized, and excreted by the kidneys, in combination with various alkaline salts.

In health the production of organic acids is comparatively small, but in certain diseased states acid formation may reach a high figure and call for a correspondingly large amount of neutralizing alkali. This occurs notably in diabetes, in which disease, in its latter stages, oxybutyric acid and acetone may so accumulate in the system, that, having used up all the available alkaline reserves of the cells, they may bring about such a high state of blood acidity that the body is no longer capable of carrying on vital processes.

The blood, possessing as it does large quantities of sodium salts, has at hand material for neutralizing some of the acids which are formed in the system. A depletion of these sodium salts, however, would be a serious matter, for it is by their means, through a chemical combination, that the blood is able to carry CO_2 from the tissue cells to the lungs for ultimate disposal. Fortunately the body has at its call a far larger quantity of alkali with which to deal with these acid products than is possessed by the blood. The alkali referred to is ammonium, and the source of this is two-fold; first, from the metabolic activity of the cells themselves, and, secondly, the product of the tryptic digestion of muscle-fibre of meat. During digestion of a flesh meal the portal vein contains a quantity of this ammonium, and the liver cells synthesize this into urea. In states of acid intoxication this ammonia is partly used to neutralize the

* Reprinted from the *North American Journal of Homœopathy*, June.

acid, and appears in the urine as an ammonium salt of the acid, a corresponding diminution of the excreted urea resulting.

It is possible that the amount of ammonium available may be insufficient to meet the demands of the acid excess. In such a case the sodium or potassium salts of the blood will be utilized, and in grave conditions of acidosis it may even come to the calcium and magnesium bases of the body being pressed into service as acid neutralizers. In advanced acid intoxication of diabetes this undoubtedly occurs, but such a condition cannot exist for long, since, as explained above, a simultaneous depletion of the soda salts of the blood will result in the accumulation of the CO_2 in the tissues, and eventually death will ensue; urgent dyspnoea and gradually increasing coma being the leading symptoms antecedent to the fatal issue.

Minor grades of acid intoxication exist in association with other pathological conditions in no way connected with diabetes. Over-excitation of the body, as by excessive and sustained muscular work, has been shown to cause an acidosis of some duration. Rheumatoid arthritis, at any rate in its earlier stages, is commonly associated with a certain amount of acid intoxication. In dilated stomach, lactic and butyric acid are formed, and, being absorbed, may give rise to a similar state, though it is probable that the acidosis in this condition may be due to some metabolic disturbance caused by the toxic products absorbed from the gastro-enteric tract. In all these instances, if the oxidative processes are active and unhampered, the acids may be broken up and got rid of without symptoms being produced. Where, however, oxidation is not properly performed, the acids must be neutralized by the ammonium and sodium salts which the body has at its disposal.

Urinalysis will give an indication of the extent of acid poisoning in such conditions. In the diminution of urea and increase of ammonia excretion a rough indication of the extent of the toxis can be gained, but to obtain a more accurate knowledge of this, it is necessary not only to test the blood alkalinity, but also to make an extended quantitative estimation of the chief bases and acids excreted in the urine.

With regard to the former test, the plan adopted in our laboratory has been that introduced by Professor A. E. Wright, which is as follows :—

A small quantity of blood is drawn from the finger into a glass tube, the ends of which are sealed in a flame. This blood is allowed to clot, which is usually completed after twenty minutes, and then the tube is placed in a centrifugal machine which is set in motion. The clot and serum are thus separated, and the latter can be pipetted off for testing. The test solution consists of H_2SO_4 in strength ranging from a decinormal to N-75, the progress being by stages of 5. Normal serum corresponds to N-30 or N-35, more commonly the latter. Very acid serum may require for neutralization N-60 or N-70.

As regards the urine ; in health it is found that the acids are slightly in excess of the bases, but in states of acid intoxication, where much alkali has been used in neutralizing an organic acid, the bases are in considerable excess.

As has been stated, the normal blood alkalinity is about N-35. This figure can be altered in health to some extent by diet, e.g. on an almost exclusively vegetable diet the alkalinity will stand at N-25 or even N-20, whilst in certain individuals a meat diet may reduce the alkalinity very considerably, the blood index reaching even as high as N-50. This high figure only lasts as long as the meat diet is maintained ; the connection between such conditions and rheumatic states is obvious.

Local asphyxiation of a part, a finger, for instance, by ligaturing the proximal end, only produces a slight increase of acidity. After 5 minutes, when the colour of the finger became a dark livid blue, the alkalinity had moved from N-25 to N-30 in one case, and N-30 to N-35 in another. In the cyanotic stage of nitrous-oxide anæsthesia a similar alteration took place. In order to test the effect of profuse sweating, a patient with subacute rheumatism and blood alkalinity of N-45 was given a radiant heat bath for 20 minutes until free diaphoresis occurred. The sweat itself was of a neutral reaction, and no change in the blood had taken place at the end of an hour.

Cases of subacute rheumatism appeared to vary considerably ; in some there was distinct sub-alkalinity, but in many others the reaction of the blood was normal. In a case of acute rheumatism with pericarditis the blood alkalinity was also normal.

In order to ascertain what alterations were induced in the blood reaction by acids administered by the mouth, acetic acid was given to a prover. The following is the result of the experiment :—

The man's blood reaction was N-40 before commencing the drug. This low alkalinity was probably due to his diet, which, however, was not altered during the course of the experiment. For three days he was taking acetic acid 1x 10 drops three times daily. On the second and third day blood alkalinity was at N-30. Then 10 drops of the B.P. acetic acid were given three times daily. The blood immediately showed N-35, followed by a rebound to N-25 for 5 days. The acetic acid was now stopped, but the blood alkalinity remained at N-25 for two days longer, and then became N-20, at which figure it remained for a further 2 days, moving at the end of the fifth day to N-25. At the end of another week it was still N-25. During the whole of this period the urine acidity was also tested, and it was found that as the alkalinity of the blood increased the urine became more acid, the reverse of what may be expected in the light of Haig's observations. It may be said here that in all the experiments made, no definite relationship was found to exist between blood alkalinity and urine acidity.

During the course of this experiment a quantitative estimation of the bases and acids in the urine was made. In health the amount of acids excreted is slightly in excess of the bases. In states of acidosis the bases are greater in quantity than the acids, for the former are needed to neutralize the acid circulating in the blood. In the above case, there was a slight excess of bases, 679%, the base which showed most excess being potassium. Diacetic acid was not present, but there was a slight trace of acetone in the urine.

From the above it would seem that the administration of acetic acid in the 1x dilution caused an outpouring of bases by the tissue cells to neutralize the acid, and consequently the blood alkalinity increased. When the amount given by the mouth was much increased (B.P. acetic acid 10 drops), a momentary diminution of blood alkalinity occurred, to be followed by a marked change in the opposite direction, as more bases were given out than were needed to meet the fresh demands.

Benzoic acid was also experimented with in the same way, and a marked difference was found in its action. Briefly, an opposite condition was produced. Instead of blood alkalinity increasing, it fell from N-25 to N-35, and in another case from N-30 to N-40, this with 10 grains of

the acid three times daily. It would appear, then, that benzoic acid in material doses was capable of producing a condition approaching to acid intoxication. This being so, it was decided to try the effect of giving the drug in trituration in some cases of acidosis.

In *Case 1*, which was one of subacute rheumatism, the blood reaction was N-45; benzoic acid 2x, 2 grains every 4 hours, was given; the blood alkalinity immediately increased, and within a week reached N-30. Slight improvement also in the general symptoms occurred.

Case 2: subacute rheumatism; blood alkalinity N-45. The same dose as in the first case; on the fourth day blood alkalinity was N-35.

Case 3 was a very interesting one. The patient, a youth who had previously had rheumatic fever, but was now free from joint trouble, was restless and in a confused mental condition, at times delirious. There was rapid pulse, wasting, and marked anæmia. Blood alkalinity N-60, excess of bases over acids in urine 0.90%. Benzoic acid 2x 2 grains every four hours was ordered. Instant improvement occurred both in blood condition and his general state, and within a week the former was N-35. The drug was now suspended, but within a few days the old symptoms commenced to appear, and the blood alkalinity to fall. The benzoic acid was renewed, and again the improvement occurred, and blood alkalinity rose to N-30 and remained so until the boy was discharged practically cured. It should be added that before giving the benzoic acid, various remedies were tried without any improvement following.

The foregoing is a brief account of the work done on the subject of acid intoxication. The matter is one which will bear an extended investigation, for there can be no doubt that departures from the normal alkaline reaction of the blood have a considerable bearing on clinical practice, not alone in rheumatic and similar conditions, but also in relation to certain imperfectly understood morbid states. It is quite clear that acidosis is not present in every case of acute or subacute rheumatism, and it is also a question whether every case of acid intoxication is due so much to over-production of acid, as to a locking-up of the alkalies in the tissues. The fringe of this subject has only been touched, and there are a vast number of problems which have yet to be solved, and should tempt other investigators into the field.

HOMŒOPATHY IN OBSTETRICS.

By WILLIAM ROCHE, L.R.C.P. Ireland, M.R.C.S. Eng.,
and L.M. Dublin.*

IN looking over my case books I find that in rather over thirty-seven years of practice I have attended 1089 cases, the first in Sept., 1866, in Cambridge, and the last a few days ago. I record 14 cases of twin births and one of triplets, and with devout thankfulness I find no death during or in direct connection with any of the cases. In considering how these notes of over 200, more or less, important cases could be best utilized for my lecture, I decided to group them round the various stages and complications of pregnancy and labour. Firstly, then, I note the emotional disturbances, which run through the whole gamut of sensation from grave to gay. I find some cases of extreme depression, in which *ignatia 3x* proved most valuable. One case of strange dread as to "power to bear" the time of trial and effort, was wonderfully helped by *anacardium orientale 3x* (which often afterwards cured rapidly cases of "mistrust," preceding examination by students). *Aconite 30* was markedly helpful in cases where "physical depression and dread of a fatal issue" were prominent symptoms. The mammary disturbances (often the earliest reliable sign of pregnancy) assumed troublesome importance in several instances, and excellent results came from *phytolacca 3x*, and where the ovaries showed sympathetic tenderness, *apis mel. 3*. Here let me advise invariable preparative care of the breasts and nipples during the later months of pregnancy.

Toothache, often severe, and ending frequently in the decay and loss of a tooth or teeth, met with successful treatment from *kreosote 3* and *staphisagria 1*, and in some cases of very sore gums and even salivation, *merc. sol. 6* proved very helpful. In some patients with weak teeth, *calc. phos. 3x* was very valuable in preventing pain and decay.

The vomiting of pregnancy proved singularly amenable to treatment by *nux vomica*. A few cases more serious and persistent found help from *kreosote 3*, *pulsatilla 3x*. Rest in bed entirely for a few days was often a valuable

* Being the substance of a "Wednesday Lecture," delivered under the auspices of the British Homœopathic Association.

help, and in one case rectal feeding had to be resorted to for many days, giving the tired stomach absolute rest.

Heartburn and flatulence found appropriate remedies in *carbo. veg.* 6, *pulsatilla* 3, and *capsicum* 3.

Constipation caused much trouble, but usually yielded readily to *nux vomica* 1x, with regulated diet and regular exercise.

Where piles threatened, *collinsonia* 3x gave good results, preventing one of the most troublesome hindrances and complications of labour.

Dyspnoea gave trouble in several cases, and as clearly nervous, yielded remarkably to *ignatia* 3x. Cramp was often present, often severely, but found an excellent remedy in *cuprum metal* 3.

Bladder troubles found in *cantharis* 3 (*tenesmus*), and *belladonna* 3x (*irritability*), efficient remedies, while in cases accompanied by dragging downward *pulsatilla* 1x was effective. In some cases where the kidneys seemed to feel strain and pressure, *arsenicum alb.* 3 gave substantial assistance. Where head fulness was an additional trouble *belladonna* 3x was very helpful.

Pruritus was often relieved by *plantago* 3x, with careful ablution with borax and tepid water, and in some persistent cases *resinol* ointment proved an effective adjunct. Excessive foetal movement at night was met by *bell.* 3. False pains yielded to *actæa* 3x, or where "worry" was prominent *cham.* 3; while in some exceptionally severe pains, almost like labour itself, *gelsemium* 1x gave great relief. Where these pains recurred time and again at more or less regular intervals, *caulophyllum* 3x was an effective remedy.

Miscarriage, threatened or actual, will often be a more or less serious trouble. Rest at once, especially where any slip or fall or other injury has been experienced, will be of great advantage. *Arnica* 3x has often proved its value as an internal remedy, accompanied by external use if required. *Sabina* 3 in the earlier months, and *secale* 6 later, have often been promptly effective. In a few cases of exceptional severity, *china* 3x, as a restorative, was of great service.

The last month of pregnancy I always advise, as a preparation, a morning and evening dose of *actæa* 3x, and the last few days one or two doses daily in addition of *arnica* 3. With rigid os uteri, I have found *belladonna*

3 supremely helpful every hour, with, in extreme cases, persistent hot hip baths.

Deficient pains from general inertia yield readily to gelsemium 3x, or if with restlessness aconite 6, and if fretful chamomilla 3; while in some extreme cases of almost absent pains I got excellent results from pulsatilla 30, or where good pains at first had ended in none, secale 30 was effective. Delay in extrusion of the placenta, due to rigid os uteri, yielded readily to belladonna, or if fatigue seemed the cause arnica 3x proved its power.

After pains, often so very troublesome and even intolerable to patients, were best relieved by gelsemium 1x in frequent doses until well controlled. I always give arnica 3x after labour, and I believe it often prevents this trying complication.

Hæmorrhage during labour frequently points to placental misplacement, a truly formidable and often most serious matter. Here we have no time as a rule to wait for medicinal help, and must rely on speedy delivery as the only effective remedy. How well I remember in my early days a case of complete placenta prævia. I sent at once for the leading obstetric practitioner in the town, but he being out, and delayed in responding, the alarming loss of blood obliged me to turn and deliver to save my patient's life. When my medical friend arrived all was over, but my patient was very exhausted and caused us much anxiety for a time. Alas! in those days we had not the excellent apparatus for transfusion designed by our colleagues, Drs. Burford and Johnstone, nor the knowledge of the marvellous results obtained from a simple saline injection. However, the patient made a rapid recovery, surprising my consultant, who, however, did not know she had the advantage of taking china 1x and arnica 3x in alternation. I note some cases of convulsions during labour, and precedent also, which did well with belladonna 1x in full-blooded patients, and in two or three rather severe cases. Hydrocyanic acid gave much satisfaction. These were cases of severe spasm followed by profound exhaustion with feeble pulse. One very severe case had to be kept under chloroform for several hours, while dilating the os uteri and delivering with long forceps. Opium 6 after delivery was most helpful in all these trying cases.

Puerperal fever I most fortunately saw little of, but in

one case where sharp fever yielded to aconite, lachesis 6 well met the subsequent septic condition. In another case, where the fever was almost typhoid in character, baptisia 3x gave good result, and in another case of severe character, with much added brain excitement, veratrum viride 3x was an effective remedy. For uterine tenderness after delivery I can with confidence direct you to nux vomica 3x, or if more persistent, merc. cor. 6 and belladonna 3x in alternation.

Puerperal mania I met with in some seven cases, and all did well, I am thankful to say. In no instance had I the pain of sending a case to an asylum. Here stramonium 3x in a case marked by great fury was rapidly helpful. Hyoscyamus 3x did well in two cases where less excitement existed, but irrational and persistent delusions were the chief trouble.

During convalescence absolute quiet for the first days, "no friendly visitors," plenty of fresh air, and a simple but liberal diet are important and effective aids to a happy recovery.

I fear I have exhausted your patience, for which I heartily thank you, and in conclusion cannot too strongly advise patience during your attendance, always allowing time for Nature to exert her beneficent efforts, but at the same time act promptly where helpful interference is called for, as delay is often dangerous.

CONSULTATION DAY AT THE LONDON HOMŒOPATHIC HOSPITAL, JULY 14th, 1905.

Reported by

OCTAVIA LEWIN, M.B., B.S. Lond., M.D. Chicago.

CASE 1.—*Ptoxis of right eye since birth* (shown by Dr. Roberson Day).

W—— L——, æt $\frac{11}{12}$; only child of healthy parents; no specific history; normal labour; no difficulty at birth; breast-fed; good shaped head; very sharp child; no other symptoms; all the other movements of the ocular muscles normal; no deafness.

Treatment.—Has had gels. caustic. These were to be followed, if necessary, by zinc. sep. con.

The mother said that for the first week the eyelid could

not be raised at all, but now he could open it enough to see quite well.

Dr. Clifton said he had a similar case in an adult lady, only the condition was more marked and double—so much so that operative treatment had been suggested. He suggested *arn.*, as the condition might be traumatic in origin.

Dr. Lambert questioned the mother closely as to her own health, but found nothing noteworthy. He said he had not found these cases improve under medication.

Dr. Goldsbrough said that in the absence of other history, it was probably a case of traumatism, and *hypericum* or *arnica* should be given.

CASE 2.—*Nerve case for diagnosis* (shown by Dr. Lambert).

Male, æt. 62. Hyperæsthesia of lips and tongue and gums for 2½ years, "like toothache"; symmetrical.

There was a specific history; weakness of legs and arms, and halting gait were present.

Dr. Goldsbrough thought it might be diabetic; a sensory neuritis of constitutional origin. He would order *arsen.*, *acon.*, *silica*, *aurum*.

Dr. Clifton thinks the pain too localized for *acon.*; he would give *arum*, or *aurum* 12.

CASE 3.—*Case of Aphonia* (shown by Dr. Lambert).

A—— B——, F., 56. Had been treated for bronchitis for nine months. For four months had had complete aphonia. Palsies of left cord was found. No enlarged glands. Feels pressure over inner end of left clavicle. No specific history. Can eat all right, but liquid seems to stop at the larynx, and causes pain and suffocating cough occasionally. < lying low down in bed. Pulse tracing negative. Chest rather pigeon-shaped; some emphysema; few bronchial sounds. Pulsation felt over left upper chest. Heart-sounds somewhat exaggerated over left upper chest. No murmurs. Doubtful tracheal tugging. Pupils equal—no wasting.

Dr. Byres Moir said if it were an aneurism it would show well with X-rays. He considered aneurisms not so uncommon in women.

Dr. Goldsbrough diagnosed aneurism and that the symptoms were due to mechanical obstruction. It might have been caused by the strain of the cough in the bronchitis.

Dr. Searson found a dull patch to the right of the sternum.

Dr. Clifton recommended barium chloride.

CASE 4.—*Œsophageal obstruction* (shewn by Dr. Goldsbrough).

M., æt. 67. Coffee-house keeper. Been out-patient for many years; used to have a large liver, and pain in that region, > by chelid. 12 or 30. Later he had pain higher up, beneath the right clavicle, extending to the shoulder, with dysphagia. For six months has only taken liquids; wasting.

Mr. Shaw had passed an œsophageal bougie, 18 ins. long, and then put in a Symons tube, which is still in situ. Nothing abnormal found at present in abdomen.

Dr. Byres Moir found no enlarged glands. He had a similar case in the wards, who had had gastrostomy done before admission. She is now having infusion of violet leaves but is not improving. This treatment is being tried in consequence of great improvement occurring in a similar previous case.

Dr. Cooper recommended lobelia ermus as giving good results. He had found good results from single doses of tincture or violet leaves.

Dr. Clifton suggested arsen. iod. 3x.

CASE 5.—Dr. Deane's case of morphia habit was not able to come. Twenty-two years ago her doctor ordered her morphia. She has been taking it ever since, and now takes about six grams a day.

CASE 6.—*Renal Case* (shown by Dr. Searson).

J—W—, M., æt. 22. Came up as out-patient on May 15th, 1905, complaining of backache and dysuria. His bladder was found to be much extended, and he was then able to pass a pint and a half of urine, sp. g. 1001, alb. one-fourth on standing, after boiling. He refused admission, and was given ars. 200 t.d.s. A week later his bladder was found distended again, sp. g. 1010. Dr. Watkins examined a specimen, sp. g. 1020, pus, no crystals.

When seen at 4.10 p.m., to-day, his bladder was distended up to the umbilicus, although he stated he passed water freely at 1.45 p.m. He was unable to empty it when asked.

He is of average height, slim, looks healthy, face sunburnt, no cedema. Has never passed blood. Has had no attack of colic.

The general opinion was that he should be admitted, as there was evidence of back pressure on the kidneys.

There were present, Drs. Searson, Clifton, Day, Goldsbrough, Cooper, Byres Moir, Lambert, Andrew Neatby, McNish, Lewin; also Dr. Hensdale, of Michigan, and Dr. Hallock, of New York.

REVIEWS.

The A.B.C. Manual of Materia Medica and Therapeutics. By G. HARDY CLARK, M.D., Late Professor of Materia Medica, Hahnemann Medical College, Chicago. 2nd Edition, enlarged. Philadelphia: Boericke and Tafel. 1905.

WE do not see the use of this book. In the preface not a word is said of homœopathy, though it is clear that homœopathy is intended to be inculcated. In fact, the author says, "The writer has ventured to assume that the simplification of the subject gained by referring only to toxic effects of drugs, their therapeutic uses in non-toxic doses, the relation of the two as indicated by numerals, and the elimination of controversial matter, is sufficient warrant for offering this manual to students and to his brother practitioners." And he then "has to make acknowledgment for material that has been freely drawn from the writings of Bartholow, Hempel, Hughes, Ringer, Stillé, Wood, and others." To quote six writers, four of whom are nominally allopathic, and whose sources of information are clear enough to any but blind readers, and to ignore the name of Hahnemann, to say nothing of others of lesser note, is quite enough to characterize the book. The enlargement of this second edition seems to consist of a Clinical Index, which is useless. If any of our readers wish to know if we recommend the purchase of this work, we say "Don't."

Manual and Clinical Repertory of a complete list of Tissue Remedies (Bio-chemistry and Cellular Therapy). By Dr. Med. ERIC GRAF VON DER GOLTZ, New York. Philadelphia: Boericke and Tafel. 1905.

IN the Preface, or Introduction, the author says that his practice has been exclusively with bio-chemical remedies for the past ten years. We, therefore, look with interest to his results, which seem to be successful. The first chapter is interesting, and well worth reading, and after giving the indications for the "Twelve Tissue Remedies," of Schuessler, he adds new ones of his own formation, and finally gives a

"Semiotek," or as we might call it, a Clinical Index. We always look on practical work as worth looking at, and the author's ten years' experience of treatment exclusively on these lines makes the book worth study. The smallness of the dose makes it probable that it is at bottom homœopathic. For those who have so far made use of these remedies, and wish to have a fuller exposition of them, with indications for their use in disease, we recommend the work as one likely to help their study.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

ANNUAL ASSEMBLY, FIRST MEETING.

THE Tenth Meeting of the Session 1904-05 was held at the London Homœopathic Hospital, on Wednesday June 28th, 1905, at 8 o'clock, Dr. Spiers Alexander, Vice-President, in the chair.

NEW FELLOW.

Mr. Clement John Wilkinson, of Windsor, having fulfilled the requirements of Law X., was elected a Fellow of the Society.

SPECIMENS.

The following specimens were exhibited: (1) Aneurism of the aortic arch, rupturing into the pleura, by Dr. Byres Moir; (2) Soft myoma uteri removed by hysterectomy. Recovery; (3) Large ovary from same case, showing lutein hæmatoma; (4) Microscopic section of same, showing lutein cells, by Dr. Neatby.

SECTION OF MEDICINE AND PATHOLOGY.

Under the auspices of this section a paper was read by Dr. Goldsbrough, of London, entitled: "Some points in the Consideration and Treatment of Epilepsy," of which the following is an epitome.

I. DIVISION OF THE SUBJECT.—A knowledge of facts up to date leads to a classification of cases of Epilepsy into two divisions, namely, idiopathic and symptomatic, although this terminology reflects rather upon ignorance than knowledge of pathological causation.

When the clinical manifestation of an attack of epilepsy can be referred to some abnormal brain state, such as an old

cortical softening, a depressed spiculum of bone, a scar following hæmorrhage, or a new growth, epileptic seizures are then termed symptomatic, thus leaving over the large class of cases which cannot be referred to any particular organic lesion to be termed idiopathic, and it is to these latter and perhaps less interesting cases that Dr. Goldsbrough confined his remarks.

II. THEORY OF THE ATTACK.—The most common attempt to bring the phenomena of an epileptic seizure under some more general idea than that of a convulsion, consists in a description of it as a liberation of nervous force or energy. But as Gowers points out in his *Diseases of the Nervous System*, liberation of energy is not the only phase of motor function of the cerebral cortex, and therefore the epileptic paroxysm cannot be regarded merely as excess in the liberation of nervous force. Restraint of energy, resistance to or control of action, is quite as essential to the co-ordination of voluntary movement as is the initiation of movement, and the crux of a theory of the paroxysm consists in the attempt to localize or explain this, in relation with liberation of energy, as a disturbance of the function of the cerebral cortex. The epileptic paroxysm can be regarded as as complete a discharge of muscular contraction of the whole body as a liberation of the total energy of the body is capable of, and also as as complete an absence of restraint as in normal volitional exercise is regularly and co-ordinately exerted.

On the mental side, Dr. Goldsbrough submitted that a conception of the paroxysm either as a liberation or absence of restraint of nervous force is inadequate. Rather is it to be regarded as a disturbance of the finest equilibrium between the integrity of the mind as the controlling function of the whole personality in the intimate relation of this function with the muscular system. Or, in other words, an epileptic paroxysm is to be regarded as the result of a disturbance in the equilibrium of the whole organism as an organism controlled at all by a presiding central nervous mechanism. The real disturbance is just at the centre for the co-ordination of the whole of movement as distinct from movements in particular or in part. And as the central control is deranged or removed so the disturbance becomes one of the fullest exertion of movement without control.

III. A RECENT STATISTICAL ENQUIRY.—Dr. Turner, of the Queen Square Hospital, has recently published the results of an enquiry into the prognosis and possibility of cure of epilepsy, based on 366 cases, mainly out-patients who had been treated at that Hospital. These cases were all of the

idiopathic class, and with one or two exceptions were all treated with bromide. The cases, after excluding those which had not been two or more years under treatment, are divided into three classes: those in which the seizures were arrested by treatment, those that were improved, and those in which the attacks became confirmed.

Arrest of recurrence is more likely during the first five years, although it may occur after 20 to 30 years duration. Long remissions may occur, especially in the first ten years of life, so that nine years should be accepted as the basis for cure, and on this basis 10·2 per cent of cases can be accepted as cured. In arrested cases, cessation of the fits occurs during the first year of treatment in 50 per cent.

IV. EXPERIENCES AT THE LONDON HOMŒOPATHIC HOSPITAL.

—During the seven years of the existence of the department for Diseases of the Nervous System at the London Homœopathic Hospital, 115 cases of idiopathic epilepsy have come under treatment. Of these a large number, perhaps a third, only came to the hospital once. With the desire of developing the homœopathic treatment of the disease Dr. Goldsbrough had refrained from giving bromide in any form. He had not found that patients appear to suffer from the want of it, but rather that the general health had improved, and in a few instances immediate benefit resulted from the homœopathic treatment received. From the detailed cases brought under notice, he suggested that to regard the disease as a clinical entity is to take an erroneous view of it, and also that a rule of thumb administration of one drug as a sedative cannot be the last word in the treatment of epilepsy. Dr. Goldsbrough avoided statistics, as his cases scarcely admitted of tabulation, but instead, twenty-four cases were presented in detail, for which the following medicines had been prescribed: Hydrocyanic acid, pulsatilla, belladonna (these with markedly good results), iris, ignatia, cuprum, sulphur, bufo (with the results of bufo the author had been disappointed), zincum (also with satisfactory results), atropine, valerian, sepia, moschus, cannabis indica, valerianate of zinc, protoxalate of iron, causticum, verbasum, cicuta, silicea, calcarea carbonica, absinthum, and syphillinum.

V. DISCUSSION OF HYGIENIC AND THERAPEUTIC METHODS.

—The questions naturally arise in the face of the failure to cure epilepsy—How far are we justified in withholding the bromide treatment? What further developments of the homœopathic plan are available? Dr. Goldsbrough thought an adoption of the bromide treatment can only be justifiable where the patient has great apprehension of the occurrence of the fits. Fear may do more towards mental deterioration than even the fit itself, unless it recurs very frequently.

As regards the second question, a great deal more time and study is necessary for the selection of the best remedy than can be given in the press and hurry of out-patient work. A review of the cases raises many points—the similar remedy, the single remedy, the dilution or potency, repetition of the dose, the use of nosodes. Dr. Goldsbrough advocated a more radical treatment after the first attack, for this is the real illness. More attention should be given by parents and teachers to the mental development and training of children, and to the first signs of nervous symptoms, such as twitchings, etc. And, lastly, the exercise of deliberative self-control should be an important factor in prevention.

A discussion followed the reading of the paper, taken part in by Dr. Byres Moir, Dr. Blackley, Dr. E. A. Neatby, Mr. Wynne Thomas, Dr. Nicholson (Bristol), Dr. MacNish, Dr. Lambert, and Dr. Spiers Alexander, and Dr. Goldsbrough replied.

ANNUAL ASSEMBLY, SECOND MEETING.

The Second Meeting of the Annual Assembly, and Tenth of the Session, was held on Thursday, June 29, 1905, at 8 o'clock, Dr. James Johnstone, President, in the chair.

DUDGEON MEMORIAL.

An interesting event of the evening was the unveiling of the Portrait of Dr. Dudgeon, painted by Mr. Philip Stretton, R.I. This was accomplished by Dr. Blackley, of London, who gracefully alluded afresh to reasons why the Society should honour the memory of Dudgeon, and Dr. Blackley was supported in his remarks by Dr. Madden, of Bromley. A carbon enlargement of an excellent likeness of Dr. Dudgeon was also on view, and cabinet-sized replicas in platinotype were presented to subscribers to the memorial who attended the meeting, and have since been distributed to others who were not present on that occasion.

REPORT AND BALANCE SHEET.

The Report of the Council was then read, and the Balance Sheet, the latter indicating a satisfactory balance in the hands of the Treasurer. A Report of the Indexing Committee promised the issue of the Index to British Homœopathic Literature before many months have passed.

OFFICERS FOR 1905-6.

The following Officers were elected for the ensuing session, namely :—

President : Dr. A. E. Hawkes, of Liverpool.

Vice-Presidents : Dr. Spiers Alexander and Mr. C. J. Wilkinson.

Treasurer : Dr. Blackley.

Council : (Fellows) Dr. Burford, Dr. McNish, Dr. Byres Moir, and Mr. Knox Shaw. (Members) Dr. Neild (Tunbridge Wells) and Dr. Stonham.

NOTABILIA.

THE GARDEN FÊTE AT HAM HOUSE.

THE Garden Fête given on Saturday afternoon, July 15th, by the Ladies' Branch of the British Homœopathic Association, at Ham House, Petersham, by the kind permission of the Earl of Dysart, was a complete success. The weather was lovely, and the beautiful grounds were much enjoyed by the numerous guests. Lord Dysart was present during part of the afternoon. The band of H.M. Coldstream Guards played on the lawn, and on the terrace Signor d'Amato's Neapolitan Singers gave an excellent programme with their usual *verve*.

The privilege of viewing the art treasures of Ham House was very highly appreciated, and the visitors spent a considerable time in passing through the interesting rooms. Another pleasant feature was the delightful journey in the launches from Richmond to Ham House.

Refreshments were served in a tent in the grounds.

TORQUAY HOMŒOPATHIC DISPENSARY.

ANNUAL MEETING.

AT the Annual Meeting held at the Dispensary, 76, Fleet Street, on Friday, the 28th April, 1905, Colonel Lucius Cary presiding, the following resolutions were passed unanimously :

"That the annual report and balance sheet as presented be adopted, printed, and circulated at the expense of the Institution."

"That the Hon. Medical Staff, the Hon. Dental Surgeon, and Members of the Committee be re-elected, with the best thanks of this meeting for their services to the Dispensary."

A vote of thanks was accorded to the Rev. B. R. Airy, the Rev. J. P. Baker, the Rev. J. T. Jacob, the Rev. A. B. Wrey,

for contributions from their offertories, the Friendly Societies, and subscribers and donors whose names are adjoined.

"That a special vote of thanks be given to those donors who so generously responded to the appeal sent out to liquidate the debt incurred by the Dispensary."

The minutes of the previous year were read and confirmed.

The accounts were examined by the Auditor and by the Honorary Treasurer and found correct, and were duly passed by the committee.

A hearty vote of thanks was accorded to Colonel Lucius Cary for presiding over the Meeting.

FIFTY-SEVENTH ANNUAL REPORT.

The Committee, in presenting its Fifty-Seventh Annual Report, has again to report an increase in the number of patients relieved during the year, the figures for the last three years being :—

1902.—Cases 710. Attendance of patients 4472. Average per Dispensary day 43.

1903.—Cases 736. Attendance of patients 5304. Average per Dispensary day 51.

1904.—Cases 753. Attendance of patients 6240. Average per Dispensary day 60.

The Committee desires to express its thanks to the Medical Officers, Dr. Midgley Cash and Dr. Ford Edgelow, who have cured and alleviated the sufferings of many thousands of patients who have been under their skilful and successful treatment during the many years they have attended this Dispensary.

The Committee also desires gratefully to acknowledge the receipt of donations from the Church Offertories, Church Parade, and Friendly Societies, and those who so generously gave donations to pay off the debt incurred during the year.

The Receipts during the first half of the year show a decrease ; but through a special appeal to subscribers and other generous donors, not only has the deficiency been paid off, but a considerable sum has been brought forward with which to commence the year 1905. At the beginning of 1904 the balance brought forward was £10 13s. 10d. ; there is now a balance in Bank of £27 4s. 11d.

The Committee has found no way of decreasing the expenditure of the Dispensary, as the whole working of the Institution is carried out on an average of £140 per annum, which comprises rent, dispenser's salary, medicine, surgical instruments and appliances, bandages, elastic stockings, lint, trusses, and such like necessities as ordered by the Medical Officers, stationery, postages, printing, Auditor's fee, etc.

HAY FEVER, CHRONIC RHINITIS, AND ASTHMA.

SIR,—At a time when these distressing complaints are so prevalent, the following personal experience may be of interest :

Until six years ago I was a very great sufferer from these paroxysmal neuroses. I had been sprayed, cauterized, drugged, and generally treated by some of the foremost of my medical and surgical confrères, but with slight and transitory relief. I will not enter into the history of the sequence of events which suggested the line of treatment which has led up to my cure ; suffice it to say that for the last three years I have been practically free from all trouble, and that my sense of smell, which was lost, is slowly returning.

It is simply a question of the quantity of food taken. "Enough is as good as a feast," and "enough" in my own case is *the smallest quantity which suffices to maintain my weight at a point which is 12 lbs. less than I used to weigh.* If I forget myself, I begin to get premonitory symptoms when my weight increases about 4 lb. I do not confine myself to any special dietary, although I take animal food, fats, and sugar sparingly, and alcohol only occasionally.

Concurrently with the disappearance of my nasal and pharyngeal symptoms has been an immense improvement in my general health, so that I am able to say that at 45 I am, to all intents and purposes, a younger, more active, and more vigorous man than I was at 35 years of age.

"Enough" as above defined is a quantity varying in every case. The prescription is an unpopular one to recommend to one's patients, but I have found that if *really* tried and persisted in, relief invariably follows. In my own case it is a quantity which ten years ago I should have thought to be impossible.

July 3rd.

I am etc.,

F.R.C.S.

—*Brit. Med. Journal*, July 15th.

THE TREATMENT OF RINGWORM OF THE SCALP.

"THE interesting paper by Dr. Macleod on the treatment of ringworm of the scalp by the X-rays, published in the *British Medical Journal* of July 1st, prompts me to make a few remarks on the treatment of this common yet troublesome complaint by what may be called ordinary remedies.

Considerable experience of this class of case during the past three years has taught me that practically every case of ringworm of the scalp, however severe, can be cured by the

persistent application of mild parasiticide ointments in from three weeks to three months, provided suitable attention be given at the same time to the general health.

My belief is that the strong irritative ointments usually prescribed more often than not defeat their own ends by causing inflammatory swelling of the scalp, thus blocking up the hair follicles and effectually preventing the parasiticide from reaching the source of the disease. On the other hand, I feel convinced that mild parasiticides, properly applied, do reach the source of the disease and kill the fungus.

Another and frequent source of failure in the treatment of ringworm of the scalp is, in my opinion, neglect of the general health. Nearly all the subjects of ringworm are below par as far as their general health is concerned, and many are extremely debilitated and anæmic and in a condition to fall an easy prey to any parasite. I always make it a rule, therefore, to endeavour to improve the general health by administering suitable medicines and using every means to keep up the nutrition. The rapidity with which the local condition improves when general is combined with local treatment is often surprising.

I cannot go into this matter more fully here, but hope very soon to publish a paper, on which I am at present engaged, giving a detailed description of the methods employed and cases treated.

LONDON, W.

E. HARDING FREELAND."

[The above, from the *Brit. Med. Journ.* of July 22, shows that some one is at last convinced that such a disease as ringworm of the scalp is more than a merely local disease, and that if one takes the trouble to enquire, there is generally to be found some state of disorder of health, constitutional or otherwise, which is present, and which, when unrectified, prevents any local applications having any effect of a permanent kind. We shall look with interest to the publication of Dr. Harding Freeland's promised paper on this subject, and meantime commend to his notice Dr. Skinner's paper on the same disease, re-printed in our June issue, p. 343.—Eds., *M.H.R.*]

DIFFERENTIATION BETWEEN MELILOTUS, GLONIN, AND BELLADONNA.

By WM. BOERICKE, M.D., San Francisco.

OUR worthy Chairman of this Bureau asked me to differentiate Belladonna, Glonoin and Melilotus.

The idea of differentiation of remedies had its origin with

Hahnemann; it was forced upon him, as it is forced upon every student of Homœopathic materia medica, by the bewildering general likeness of many drugs to each other.

But it may be asked, why try and differentiate remedies so very similar as these three? Is not homœopathy the method of meeting a morbid state by *similars*, and may not a drug be *more or less* similar, more or less homœopathic to a condition? Why, then, place boundaries to its similarity? The *clinical test* must be the court of final appeal—and what does clinical experience prove to us? What else but the certainty of curative response by the organism to remedies of greater and less homœopathicity, and that the homœopathic relationship is not anything absolute; it can never be that, for it is a *similar*, the very conception of that term being—elastic. But your purist exclaims it is the *simillimum* we want—that is the goal. Granted, but the *simillimum* is again dependent on present knowledge, on *your* and *my* interpretation of the patient's totality plus *your* and *my* knowledge of our materia medica. It, too, is an elastic thing, not absolute. The *simillimum* in any case is the ideal—a realizable ideal *only* when modified and interpreted by and adapted to these inevitable limitations. Thus we see that the practical application of *similia* brings with it a wide range of adaptability. From the beginning of our school the question has been asked and answered more or less tentatively, "What do we mean by Similarity; similar to *what*?" Objective conditions—ultimate anatomical lesions, disease processes, as such—or *subjective symptoms* of the patient? Undoubtedly *all* these go to make up the grand totality, and curative response is to be found to *some extent* in following *any one* direction; but clinical experience again has taught us that for purposes of homœopathic prescribing the characteristic individual symptoms of the particular patient offer the surest similar to be met and covered by a remedy having similar characteristics. Close individualization of remedy and patient is the only method sanctioned by experience as characteristic of homœopathy, the one prolific method for enhancing and precisionizing our knowledge of drugs as curative agents. With these thoughts in view, let us precisionize our remedial trio in the field that they occupy in common. They all three produce symptoms of congestion; they differ in degree and area invaded, and respond somewhat differently to various stimuli; hence we look for different modalities. For practical purposes the circulation in the brain, the headaches and mental states are the only lesions common to all three. Here as elsewhere those characteristics determine the choice that express the genius of the drug, its peculiar life manifestation, its special mode in action.

I hardly need to call attention to the familiar classical picture of belladonna—the sudden, determined, fierce entrance into the bodily arena, as shown in its rush of blood to head and face, hot red face, dilated pupils, throbbing carotids, sparkling eyes, bounding pulse, excited mental state, sensorial hyperæsthesia, restless sleep—the red, burning hot skin, dryness of mouth, yet frequently associated with aversion to water and dread of drinking, all drinks being loathsome with the possible exception of lemonade, which is taken in small sips. The tendency to delirium is always marked, the brain irritation, especially in children, an early and constant symptom. So many pains run downward from the head; they come and go quickly, no matter where they appear or how long they last. With all this general circulatory storm, sooner or later localizing somewhere, the belladonna patient is chilly and very sensitive; he feels better wrapped up in a room. Any draught, cold application, having his hair cut, aggravates. Very marked and characteristic is the afternoon aggravation. The sensitiveness is seen in the great aggravation from any noise, jar, light, touch. Position, too, influences the comfort of the belladonna patient. He feels better in a semi-erect position, worse lying down. The right side is more markedly affected than the left. These symptoms when present in any type of patient will certainly yield to belladonna in almost any potency, and do not hesitate to use the higher of this greatest of drugs. Remember it was belladonna that led Hahnemann in 1800 to go beyond the chemical and material elements, and seek drug action in some imponderable force made evident or developed or set free by his pharmaceutical method. But belladonna, however universally applicable to all ages and conditions of patients, *when indicated* is especially suitable to persons of plethoric habit, pleasant and jolly folks, but who become irritable when sick; children especially respond quickly to belladonna. They are sensitive, twitch from slightest ailment, easily get delirious, and suddenly develop serious symptoms. Such are the main distinctive belladonna features.

How does *glonoin* differ? It, too, expresses itself as a congestive drug. In the suddenness and violence of its symptoms, it goes beyond belladonna. In the pre-scientific era of pharmacology, many and various were the methods pursued to obtain a knowledge of drug action and drug uses. Among these, on the surface a pure vagary, was a Paracelsian method of signatures. Some basis to the doctrine of signatures there is apparently.

Well, the signature of *glonoin* is easy to read. Nitroglycerine is explosive, so is its action on the organism. Suddenly and with greatest violence it determines blood to the

periphery; so quickly, so surely it does this that the anti-pathic uses of this wonderful drug bid fair to outdo its homœopathic uses. Its terrible bursting pains coming in shocks certainly are the true signature of nitro-glycerine. Throb-bings, pulsations, blood rushes to head and heart and arterioles, or great blood waves and surges with sensation of overfulness and bursting in different parts: this is the pathological state it produces and cures, especially when we have the patient frantic with pain, every *jar*, every concussion, no matter how slight, increasing the pain. Similar aggravation we have from heat and stimulating things. Compared with belladonna we find its violence greater, the explosiveness all its own, while belladonna is more persistent, regular, deeply anchored in its organic inflammation and tissue changes. Glonoin has more tendency to sudden and violent irregularity of the circulation due to climacteric disturbances, menstrual suppression, exposure to great heat, hence sun-stroke, open furnaces, gas jets, summer heat of our interior valleys; insanity caused by long-continued heat of sun. With glonoin headaches, patient has confusion of ideas, *loss of sensation of location* is very characteristic, he loses his way, cannot tell where he is, cannot find his room, familiar things seem strange or even with unconsciousness. Glonoin cannot bear any heat, differing here from belladonna. The face, too, is more livid, neck feels full so that the collar must be opened—he swells up under the ears.

Melilotus seems to me to typify more a suffusion, a gradual filling up and weakening of vessels, so that they rupture, and we have epistaxis or other hæmorrhage, to the great and immediate relief of all suffering. Its symptoms are worse at the approach of a storm or changeable weather. The symptoms are better from the use of vinegar, differing from belladonna, with which it shares the fiery red face, aggravation from talking and motion. With melilotus more than either glonoin or belladonna, we are apt to have a smothered feeling or oppression of the chest, often combined with a cough, which is relieved by violent nosebleed. Dr. Leonard, an excellent and reliable observer and a recent prover of melilotus, verifies the above symptoms, and says that in congestions relieved by hæmorrhage, with great *redness of face and head*, and when belladonna and glonoin do not relieve, its action is very rapid, relieving irritability of nerves and any local hyperæmia in a very few minutes. Its best range of action is on the brain, especially in insanity and all forms of spasms. In nervous headaches and conditions of cerebral oppression it relieves at once if given. The mother tincture is given by olfaction. I got this hint from so sane and critical

a practitioner as the late Dr. R. Hughes, who mentions this procedure in his *Pharmaco-dynamics*. To recapitulate, then, the relief of hæmorrhage and the very red face which precedes, and the aggravation by changeable, rainy weather, seem to distinguish melilotus from the others. This glowing redness of the face is probably its chief guiding symptom. Melilotus, like belladonna, is frequently indicated in infantile spasms, in nervous children during dentition, but with melilotus we are more apt to have constipation marked, there being no desire for stool until there is a large accumulation, the stool is painful, difficult, and anus constricted.—*Pacific Coast Journal of Homœopathy*, May.

THE ABDOMINAL SYMPTOMS OF COLOCYNTHIS, WITH COMPARISONS.

By E. E. SNYDER, M.D., Binghampton, N.Y.

My first thought, on being asked to contribute a paper on this subject, was, it is a hackneyed subject that will not be interesting. Then the afterthought came, that it is sometimes well to review old well-known facts and experiences in therapeutics, that we may still gather more light and facility in correct prescribing. Old well-tried friends in *materia medica* will often bear, to our profit, a still more intimate acquaintance.

Colocynthis is considered the chief of our colic remedies. Still, it will not cure every case of colic; in fact, there are many cases it will not cure, and it is incumbent upon us to determine which cases it will cure and which will require certain other remedies.

Colocynthis has an agonizing, intermittent pain in the abdomen, causing the patient to bend double, with restlessness and twisting from side to side while the pain lasts, with desire to press something hard upon the abdomen for relief.

Dioscorea villosa is the nearest analogue to colocynthis from a therapeutic standpoint. They both have agonizing abdominal pain, intermittent or remittent in character, and cover the same pathological conditions of colic, indigestion, congestion, or inflammation of certain abdominal tissues, as colitis, dysentery, cholera, peritonitis, appendicitis, etc. These two remedies are of about equal value in the treatment of all these painful abdominal diseases, and it is necessary to make a careful comparative study of their symptomatology that we may differentiate and select the correct remedy.

It has been stated that the colocynthis pains double the patient up, while the dioscorea pains compel the patient to bend backwards, but I do not think that this distinction is strictly correct.

I have seen many a patient doubled up with severe abdominal pain get prompt relief and a cure from dioscorea. I should say that the colocynthis case is always doubled up with the pains, but the dioscorea patient may or may not be doubled up with the pains.

We may, however, note other shades of distinction that are more constant and reliable in differentiating between these two remedies.

The colocynthis pains are confined to the limits of the abdomen and centre about the umbilicus, while the dioscorea pains often extend upwards into the chest, or they may extend into the back or limbs or even to the fingers or toes. The colocynthis case is always restless with the pains, wriggling from side to side, while the dioscorea patient is more quiet and rigid in his fixed position. The dioscorea patient is much more stoical than the colocynthis case. The colocynthis case is impatient, complaining, and vexed, and makes more or less noise on account of his pains, while the dioscorea case remains quiet and tries to give as little expression to his sufferings as possible by making a noise.

The abdominal pains of nux vomica are very severe, but they are not so sharp and cutting as in colocynthis; they are of a dull, heavy, pressing nature, with much flatulent distension of the abdomen. The gases press the diaphragm upwards, causing a sense of dyspnoea, and they also press downwards upon the rectum and bladder, causing frequent and ineffectual desire to defæcate and micturate. This latter symptom is very characteristic of nux vomica. There is also ineffectual desire to eructate. The nux vomica case is apt to be associated with acute indigestion caused by imprudent eating of indigestible food, imbibing alcoholics or other irritating substances. The nux vomica patient does not bear pressure as does colocynthis. The abdomen has a sore, bruised feeling, must loosen the clothing.

The chamomilla case is associated with extreme flatulent distension of the abdomen, and may be distinguished from other remedies easily by its mental symptoms and intolerance of heat applied to the abdomen.

The chamomilla case is exceedingly irritable, snappish, cross, and ugly. Very intolerant of pain, it drives him to despair, he gets angry over it. Can't bear any one near him, wants to drive everyone out of the room.

While with the other remedies applied heat is soothing and agreeable, the chamomilla patient does not bear it; if you apply the hot water bottle to his abdomen he will throw it at your head if he can. (New York Hom. Society).—*Medical Century*, May.

ACONITE, BELLADONNA, AND GELSEMIUM.

By J. H. WILSON, M.D., Bellefontaine, O.

I HAVE chosen for comparison three of the remedies which I believe to be more used in acute troubles than any other of the many drugs in our materia medica, viz. aconitum napellus, belladonna, and gelsemium ; but don't get the impression that I am going to give you the comparison of these remedies in all their bearings, for that would call forth a book ; but if I can bring the main symptoms before you in a manner that you may be able to judge at the bedside which of these remedies you want, or to reject all of them and choose from the number of other good remedies we have, then my task will be completed. In making these comparisons I will confine myself to these remedies as near as I can.

The provings show these three drugs to be short-acting remedies, and they are generally indicated in acute congestive and inflammatory conditions. The aconite and belladonna seem to be more adapted to cold climate, while gelsemium is more often indicated in the same complaints which come on in a warm climate, and the gelsemium complaints come on slower and are more likely to run into a chronic condition ; but you will seldom find it indicated after the disease has assumed the chronic form.

The aconite patient is generally a strong, plethoric individual with a good circulation, and the diseases where it will be found indicated are very acute and soon over. As Dunham has said, it is a great storm and soon over. There is never the result of inflammation following, as these sudden congestions are thrown off by good reaction. We find that intense fear, anxiety, and restlessness are the three great symptoms which form the three-legged stool ; but I wish to add another, viz. the sudden storm-like coming on, or I may say the intensity, and make a four-legged stool. All the congestive conditions come on suddenly. The brain, lungs, the circulatory and nervous systems are affected suddenly, and are intense and caused generally from exposure to cold, but we may have stomach and bowel troubles which come on the same way caused from extreme hot weather. The violence and sudden coming on of the disease causes the fear, anxiety and restlessness, regardless of what organ or part of the body is affected. If you find this condition you want to give aconite. The symptoms are all intense. The eye troubles, the ear, the fever, the affections of the mucous membrane, the stomach and bowel troubles, the bladder troubles, the coryza, are all marked by intensity, coming on suddenly and accompanied with fear, anxiety, and restlessness, and generally caused from cold.

You will find a great many symptoms under aconite which you find under other drugs, but you will not find any other drug that has these symptoms of aconite combined as these are.

The belladonna patient is also a vigorous, plethoric individual. The complaints of belladonna come on suddenly, run a regular course, and subside suddenly. It affects the whole vascular system. The coming and subsiding suddenly will be noticed all through its complaints, which are not likely to be thrown off in the congestive stage as in aconite, but go on to inflammatory conditions. Its complaints many times come on suddenly, and are intense as in aconite. Belladonna has inflammation of all the organs, especially the brain, lungs, and liver. About the first thing you notice is the intense heat. The heat conveyed to your hand seems out of proportion to the temperature indicated by the thermometer. The pains, the nightly attacks of delirium, the inflammatory attacks, are all attended with this feeling of unusual heat to your hand. We sometimes have this intense heat in continued fever and belladonna may not be the remedy. Take the typhoid, for example. The slowness of its coming on and going off is not like belladonna. Excitement runs all through the mental symptoms with more or less violence. It is a wild state. These mental symptoms are often ameliorated by eating. The child when delirious and having the active brain symptoms, if allowed to nurse, will be quiet for a little while, when of a sudden on they will come. This is a peculiar symptom, and one I cannot account for, but has been frequently observed. In addition to the intense heat we have redness of the skin. Scarlet red. If the glands are swollen there will frequently be a red spot on them. Throbbing and pulsating marks this remedy. The throbbing may be all over the body. Throbbing carotids. If this condition is not relieved it will pass to an opposite condition, and we will have paleness and stupor. There is marked sensitiveness which runs through all the belladonna complaints. Sensitive to light, to noise, and especially sensitive to a jar. We have sudden starting whenever the patient goes to sleep; wakes with a sudden start. You will find this in nearly all fevers where belladonna is indicated. It has anxiety similar to aconite, but has not the restlessness like aconite, and neither has aconite the heat and sensitiveness of belladonna. This sensitiveness is peculiar to belladonna, and runs all through the proving. In pleuritis, patient wants to lie quiet and lies on the well side; the side affected is so sensitive they cannot lie on it. Bryonia opposite. Belladonna also has a wonderful action on the circular fibres, therefore useful in gall-stone colic, in plethoric, sensitive individuals,

with pain coming and stopping suddenly. There is another condition that it is well to keep in mind, viz. the congestion extends from below upwards, and you find head and face markedly congested and extremities cold. The complaints are ameliorated by rest and aggravated by motion. There is the symptom given of pain from hips down, relieved by walking. As long as the patient walks there is no pain, but as soon as he stops walking the pains come on violently. This condition is brought on from exposure of the head and not from getting feet wet. Complaints of aconite come from getting feet wet. I might go on and give you the headaches, eye troubles, the liver and bowel troubles, and prolong this paper to tire you. They are all the same. If you will bear in mind the patient is plethoric, full-blooded, the complaints likely to run a regular course, coming and stopping suddenly, the intense heat to the touch, and especially the sensitiveness in all cases, you will, I think, be able to rely on it without alternating it with aconite or gelsemium, as I have known many to do.

The gelsemium patient is not the vigorous, plethoric, full-blooded individual like aconite and belladonna patients, but is more what I would call the bilious temperament, slower in action, and its complaints come on slower, and the reaction is slower, but they are mostly congestive, while its use will be mostly found in acute troubles. You will also often find it the remedy in lingering acute troubles and those bordering on the chronic, but it is not the remedy in true chronic disease. With the cerebral and spinal congestion we have cold extremities. The face instead of bright red is purple, eyes congested with lachrymation, fevers go from intermitting to remitting, and may become continuous. High temperature, hot skin over body and cold extremities. There are frequently a great deal of nervous excitement and complaints from fear or sudden surprises attendant with fright. Then we have the paralytic affections of the sphincters and involuntary stools. Running through all the complaints of gelsemium we have one grand feature, viz. a tired-out feeling of all the body and limbs, a muscular prostration. There is not much thirst with the gelsemium patient. Is generally aggravated from motion. The pain is not aggravated, but they feel too weak and tired to move.

In coryza with sneezing and running of water from the nose, we have the cold extremities. May pass down into the throat and have redness and tumefaction, with hot head and face, but cold extremities, and especially gelsemium if there is a paralytic weakness all over. Sciatica with great weakness of the limbs, which comes on slowly, not suddenly, like aconite, and pains not coming and stopping suddenly like belladonna.

There is nothing peculiar in the inflammation itself to indicate gelsemium, but the delirium, the mottled, flushed face, the cold extremities, and the muscular weakness. The disturbed sensation, the loss of power in the sphincter muscles, would call for gelsemium in any inflammatory condition.—*Medical Century*, May.

THE ETIOLOGY AND TRANSMISSIBILITY OF CARCINOMA.

It is clinically quite as probable that carcinoma is contagious as that tuberculosis and leprosy are transmissible. This theory may, for that matter, be quite in accord with the views of the two great schools which have been at war upon this question, one considering cancer as a constitutional or diathetic affection, a disease of the blood, the other believing it to be a purely local affection from its beginning. This latter hypothesis being admitted, carcinoma may be likened to a soft chancre, and consequently should be both contagious and inoculable. It is well known that carcinoma has not been inoculated, at least up to the present time; the great number of essays which have been undertaken during the last twenty years, not only on animals but also on man, have all failed, or at least have given only such uncertain results that it has been quite impossible to draw any conclusion. In man, inoculations have been made at different times, but have given no marked results. The contagiousness can consequently be demonstrated only by clinical data, and not only are facts of this kind of extreme rarity, but they also lack the necessary precision for conclusions which cannot be attacked.

Cases of carcinoma have been observed in several members of the same family or among people living under the same roof, but all such instances can always be explained as simple coincidences. Thus, for example, cases of epithelioma of the penis have been observed in husbands of women afflicted with carcinoma uteri, and it is precisely upon this fact that we base ourselves in order to combat the theory of contagion. All general practitioners meet with many cases of carcinoma of the uterus, but they very infrequently encounter carcinoma of the penis. Is there a more sensitive mucosa or one more susceptible to inoculation than that of the glans? And is there an organ more favourable to morbid receptivity?

Now, it is well known that epithelioma of the penis is a very rare condition, while malignant tumours of the uterus are of extreme frequency. Uterine carcinoma may be present for a year or even more, manifesting itself by slight clinical

symptoms without any reaction on the general health, and not even attracting the patients' attention. During this period the women have a sexual existence of a most active nature, and coitus has been practised hundreds and thousands of times without any distinctive fact of contamination resulting. I have had under my care a number of prostitutes afflicted with carcinoma of the cervix, all having frequent sexual relations with different individuals ; if transmissibility were possible, it would certainly have occurred, because the intimate contact of the glans, often excoriated, with the cervix during coitus about equals an attempt at inoculation. It would seem probable, for this reason, that one cannot invoke carcinoma of the penis as a proof of contagion ; the extreme infrequency of malignant growths of the penis, compared with the frequency of these same tumours in the cervix, would appear, on the contrary, the very best demonstration of the non-transmissibility of the disease.

As to other cases of carcinoma observed in members of the same family, they appear to me to demonstrate, not contagion, but heredity, a fact that all writers since Hippocrates have been unanimous in recording. The results of recent statistics made in Holland, Germany, and Italy have shown that heredity occurs in twenty per cent of cases of cancer. Consequently heredity is found in one case out of every five, and it would seem that this was an etiological point which should particularly meet with attention, rather than those very doubtful observations of direct contagion.

At the present time it would appear that the etiology by contagion is quite *à la mode*, especially since a large number of physicians have proposed specific sera. Far be it from me to contest the value of certain therapeutic procedures which time alone can settle and which always give hope to patients, at the same time that they often relieve the practitioner who is at the end of his resources in hopeless cases. I would say only, apropos of the new sera which have recently been noisily announced, that other sera quite as efficacious have already been put on the market in preceding years and have died. I do not condemn the proposed therapeutic methods in hopeless cases ; I desire only that they be inoffensive and honestly applied. I consequently believe that it is not in the theory of contagion that one will find either scientific or therapeutic indications.

Apart from measures of cleanliness, of prophylaxis, and of hygiene, which impose themselves upon healthy as well as cancerous individuals ; apart from the moral satisfaction that every human being feels in the idea that the disease which

attacks him is *not born in him*, but has been communicated to him by another; apart from these general considerations, where does the hypothesis of contagion lead us from the therapeutic standpoint? To nothing. Now, medicine is not only prophylactic, but is above all curative, and I consequently believe that the rational therapeutics of cancer must be looked for elsewhere than in the hypothesis of contagion. In the first place, I believe that the microbic theory should be given up; it has been a thick cloud which for twenty years past has kept physicians from entering into true pathological research, and it is now time to return to the starting point of all formations of normal or abnormal tissues: in other words, the cell. Before endeavouring to ascertain whether or not carcinoma can be transmitted from one individual to another, one should first learn how the neoplasm forms in the individual, and how it becomes transmitted from one tissue to another in this same individual. It is in the cell transformation, in the intranuclear changes which the normal cell undergoes, that the etiology of carcinoma should be looked for, and it is just on this side of the question that the most recent researches have been carried.

Carcinoma has been the object of most important work in England, started under the inspiration of a committee with the patronage of the King, who has given a considerable amount of money for carrying out this work. In the first paper, which was published in the *Lancet* on December 26th, 1903, relative to the analogy existing between the development of the cells of malignant tumours in man and the normal cells of the tissues of reproduction, Professor Farmer makes the following observation. (1) Mitotic phenomena are identical in all somatic cells. (2) These mitotic phenomena are different in the cells which develop in the ovaries and testicles, forming what this authority designates under the name of heterotypic mitosis. Now, observation has led experimenters to this interesting remark, that in malignant tumours the nuclear division is far from being that of the type occurring in the somatic cell, and comes nearer to the mitosis observed in the cells composing the tissues of the reproductive organs. To sum up, cell mitosis is normal, or homotypic, in benign tumours, and heterotypic in the tissues composing carcinoma.

This analogy in the development of carcinomatous tissues and the development of the organs of reproduction had already been pointed out by Beatson, of Edinburgh, in 1896, who emitted the opinion that carcinomata consisted in an epithelial proliferation similar to that observed in germinative epithelium. He also adds that, in his way of thinking, the

carcinomatous process might be explained by the fact that the epithelium of the affected mucosa had taken on the properties of germinative epithelium. As may be seen, this hypothesis is relatively confirmed by recent researches. It may be added that Beatson endeavoured to apply his theory in practice by performing double oophorectomy in women having "inoperable" carcinoma of the uterus. This therapeutic measure, imitated by a certain number of operators, has appeared to give favourable results, inasmuch as it has retarded the evolution of the uterine neoplasm.

The still more recent writings of Bashford and Murray have confirmed Farmer's opinions. I will merely mention the essential points: (1) Vertebrate animals have the same malignant tumours that occur in man, and these growths present identical characters in their histology, pathology, and clinical course. (3) A carcinoma of one animal cannot be transmitted by inoculation to another, but only by transplantation, or graft; the cell reproduction takes place only in the portion of the tumour transplanted, and not in the tissues of the animal upon which it has been transplanted. These authorities come to this general conclusion, that carcinoma is a local and abnormal manifestation of a process which occurs naturally in all organized beings. But before making any deductions from these facts, it is well to take into consideration the judicious observation of Isch-Wall, on the co-existence of leucocytosis and malignant growths. Lutaud has made the same observation, but he has not been able to determine whether the leukæmia is the consequence or the cause of carcinoma, though he believes that both theories may be upheld.

It is evident that the general condition designated under the term cachexia, which is always met with when a malignant growth has exercised its ravages on the economy, is nothing other than a leukæmia of unknown cause, but does leukæmia predispose to carcinoma when it exists before the appearance of the growth? The observations made by Lutaud lead him to suppose that it does. Now, it is well known that leukæmia always coincides with an exaggerated development of the lymphatic vessels and with an abnormal production of lymphoid tissue; this shows that there already exists a tendency to cell proliferation which, in the first place normal, constitutes a morbid process by excessive proliferation, but it is very probable that the development of lymphatics can only favour the rapid development in the organism of the cancer cells which form accidentally at some point of the economy.

The migration of the morbid cell is one of the most

interesting features of the pathology of carcinoma, and one may rightly ask why malignant tumours have a tendency to rapidly invade other tissues than those in which they start, while benign tumours, the type of which is represented by lipomata, usually remain localized. It is because a carcinomatous growth is almost always wedged in healthy tissues without any limiting capsule, and mitosis takes place without any hindrance, rapidly extending into the neighbouring structures by proliferation of newly-formed germinative cells. It is, consequently, quite rational to admit that lymphadenia considerably aggravates the prognosis of carcinoma by favouring the migration of the morbid cell.

To sum up, it may be said that carcinoma is neither a constitutional nor a diathetic disease; it cannot be inoculated, and no experiments observed up to the present time can allow one to conclude that it is contagious. Carcinoma has always a local origin, due to the abnormal proliferation of cells normally existing in the body. The initial production of the cell which determines the malignant growth does not differ greatly from the abnormal production which results in the formation of the so-called non-malignant neoplasms. The gravity of the prognosis appears to be due to the absence of encapsulation of the growth, to the development of the neighbouring lymphatics around the point at which the morbid cells have taken their origin. Leukæmia appears to favour the rapid development of carcinomatous tissue and its generalization throughout the economy.—*Charles Greene Cumston, in New York and Philadelphia Medical Journal, from the Pacific Coast Journal of Homœopathy, May.*

THE ACTION OF KALI CARBONICUM IN AFFECTIONS OF THE HIP-JOINT.*

By DR. MOSSA, Stuttgart.

ALTHOUGH the pathogenetic image of kali carbonicum offers many characteristic features, owing to which the remedy has found therapeutic use, we, nevertheless, but rarely find communications relating to it in homœopathic literature. One of these rather rare cases is found in volume 97 of this journal, on the internal treatment of coxarthrocace with kali carbonicum, by the Belgian homœopathic physician, Dr. Van den Bergh. I knew, indeed, that Goullon, the father, in his *Darstellung der Homœopathie*, a work, small in compass, but

* Translated for the *Homœopathic Recorder*, May, from the *Allg. Hom. Zeit.* February 16th, 1905.

rich in practical experience and in therapeutical indications, mentioned among the remedies for the internal treatment of "malignant inflammation of the hip," besides sulphur, also kali carbonicum, also causticum and silicea as the most effective remedies. But in Dr. Van den Bergh's work it is kali carbonicum alone which yielded to him excellent results in these so severe cases.

To meet the doubt as to whether these patients were labouring under coxalgia rather than pronounced coxitis, we will briefly present these cases.

1. A man, 20 years of age, lymphatic, has been confined to his bed six weeks. He complains of violent drawing pains in the right knee and leg; the limb affected was elongated by three fingers' breadth, and the fold about the right nates was obliterated. The movement of the joint of the hip and thigh was painful, while there was no pain from pressure. The pulse was feverish, anorexia, the tongue was coated white, there was nocturnal aggravation of pains, but little sleep. Leeches, purgatives, and liniments rubbed in had no effect. The old school doctor had suggested a bran compress, and had given a prognosis causing apprehension.

Prescription: Kali carbonic. 30, ten pills, dissolved in one hundred and fifty grammes of distilled water, one tablespoonful to be taken every three hours. There was a rapid improvement; in less than three weeks the case was cured and there was no necessity of repeating the dose.

2. A girl, 12 years of age, of good but very sanguine and nervous constitution, was suffering in consequence of violent emotions from long continued palpitation of the heart, and occasionally from congestion of the lungs, with a dry, troublesome cough and dyspnoea. She had also some attacks of megrim. At the same time she was suffering from coxarthrocace, and had been treated for half a year by an excellent surgeon. The right lower limb was two fingers' breadth longer than the left; the fold at the nates had been pressed downward and was less pronounced. There were drawing, tearing pains in the leg and the knee, especially after walking.

Belladonna 6, two drops in a watery solution, taken for two days, removed the palpitation and cough, but had no effect on the hip. Kali carb. 30, ten pellets dissolved in twelve tablespoonfuls of water, given for two days (four weeks after the belladonna), rapidly produced an improvement; the cure was effected in four weeks.

3. A boy, 14 years old, of sanguine and lymphatic temperament, weakened by loss of semen, had felt for some time pains and heaviness in the left thigh. The pains were worse from walking, especially from forced marches. This affection,

supposed to be rheumatic, was treated with embrocations. Dr. Van den Bergh found that the left leg was longer by a thumb-length than the right, and the head of the femur only filled out very imperfectly the acetabulum, so that a spontaneous luxation was threatening.

Prescription : Absolute rest ! Kali carbonic. as above. A cure was effected in two weeks.

4. A three-year-old child had refused to walk for the last eight or ten days. There is a considerable elongation of the lower limb on the right side ; the corresponding fold at the nates is almost entirely obliterated ; not painful to the touch ; general state good. An allopathic colleague has given an unfavourable prognosis. Kali carbonicum 30, six pellets in a solution of 180 grammes of water, led to a cure in eight days.

5. A boy, 12 years of age, lymphatic and poorly nourished, had been limping for two months and complained of lancinating pains in the left thigh and knee ; worse from walking. In comparing the two limbs, there was a difference, the left leg being a full finger's breadth longer than the right.

Prescription : Rest in bed and kali carb. 30, ten pellets in two days, produced an improvement. After three weeks the remedy had to be repeated ; the leg had again become elongated, and the pains had become more violent than in the beginning. The patient now received kali carb. 24, as above. In spite of the defective nutrition, after eight weeks' treatment a cure was effected.

6. A child, twenty months of age, lymphatic, fair-haired, and very tender, had first bronchitis, then conjunctivitis, and has now been suffering for four months from pains in the lower right limb. When examined, this appeared to be a finger's breadth longer than the left one, and the corresponding fold at the nates was almost obliterated. The little, enfeebled girl could not sustain herself in an upright position ; when carried on the arms the spinal column showed a curvature which caused an apprehension of the *Malum Pottii*. The appetite was moderate.

May 14th.—She received kali carb. 30, six pellets in two days. Under the influence of this remedy the general condition as well as her back and hip improved. On June 4th she was worse again. The pains were more violent, the leg had again its former abnormal length, and every change of position caused pitiable outcries. Now kali carb. 200 was given. This was followed by a rapid improvement, which was only interrupted by severe teething and constipation, for which *chamomilla* was used.

7. A boy from Seeland, 11 years old, was suffering from coxarthrocace, which the physicians there had in vain attempted

to cure. In the polyclinic of Byloke (near Gand) the chief physician declared that the amputation of the limb was the only means of saving him; then the parents turned to a homœopathic physician.

Condition: The boy is lymphatic, pale and slim; the left lower limb is longer by two fingers' breadth than the other; the fold at the nates is obliterated; the knee is slightly bent, as if ankylosed; it can neither be bent nor straightened; severe pains in the thigh and in the knee. The ailment has now continued for three months. Also in this case kali carb. 30, ten pellets to be taken in ten days, was prescribed. The improvement proceeded slowly. The dose was not repeated. Complete cure by the end of January.

A noteworthy incident was the appearance of a violently itching cutaneous eruption on the neck and throat after the kali had been acting for fifteen days; this lasted for ten days. According to the declaration of the parents, the patient had never before had such an eruption.

8. A little girl, three years and a half old, had been suffering for eight months from a disease of the right hip-joint. The leg on this side is elongated two fingers' breadth, the fold of the nates is almost obliterated. The child, which had been walking very well before being taken sick, has not been able to walk a step for eight months. There are pains in the thigh and in the knee. Kali carb. 30, ten pellets in solution. Under the influence of this remedy there was a rapid improvement; and a cure was effected in less than six weeks. It was not found necessary to repeat the dose.

We have here presented to us a number of, in part, very severe cases of hip-disease, which, as they present in the image of their disease an unmistakable similarity, were all of them cured by one and the same remedy, kali carb. We cannot doubt that the diagnosis of arthrocace was correct, although several important diagnostic aids were either not used or not mentioned. The course of these cases was generally chronic, subacute. The application of the remedies customary about the year 1878 in the old school had been without results. The remedy used by Dr. Van den Bergh, on the other hand, given in the thirtieth, and once in the 200 potency, in a few doses, in part in only one dose, was always followed by an improvement and finally by a cure. It is, in consequence, of great interest for us to see in how far the symptoms of the patient agree with the image of action as presented by the remedy.

In Hahnemann's provings of kali carb. (in vol. iv. of the *Chronic Diseases*) we find the following symptoms having reference to the hip, the thigh, and the knee.

Pain in the nates and thighs, as if suppuration would form there. Pinching tearing in the hip-joint.

Pains in the upper part of the left hip-bone, while walking and when touched, as if from a thrust; tearing pain in the left hip, from time to time; formicating tearing in both hips or in their envelopments.

Tearing in the hips and knees, also while sitting; tearing in the upper part of the thigh.

Pressure in the lower limbs, as if in the bones, now here, now there.

Heaviness, lack of strength in the legs; they give way.

Sensation in the legs, as of going to sleep.

Drawing pain in the left thigh down to the knee.

In the whole of the thigh a paralysed drawing, often aggravated even to tearing, worse while standing and in the warmth of the bed, only in the evening and at night. When ascending, a drawing pain in the thigh, as if it was about to break. The thigh is flabby, as if it had been strained by too much walking, for many days, mostly in the afternoon.

Knee symptoms: Stiffness in the knees, pain as from a sprain in the knee on rising from a seat. Drawing pain while walking from the knee into the thigh, more paralytic in the right knee when walking (but also while sitting). In walking fast, the knees were painful and as if gone to sleep; he could not easily bend them, but the paralysed feeling appears also while sitting. Scarifying pain in the knees, while walking and while sitting. Frequent tearing in the knees; in the evening, tearing in the knee-joint, with a sensation of warmth in it. While walking, especially while stretching the legs, a dull pain in the side of the knee. Nocturnal tearing in the legs.

Now, when we compare these symptoms with those we find, especially in scrofulous children, at the commencement of the ominous ailment of the hip-joint, in the first and up to the second stage, we cannot deny the similarity existing. We find here the weariness, prostration after a slight exertion, and a certain clumsiness of the limbs, which causes the children to seek rest more than is usual. We do not, however, find anything mentioned in kali carb. of a change in the position of the foot and of the walk, or of the limping which gradually appears; the reason being that the experiments on healthy persons were not extended that far; still we find the deep-seated pains in the hip-joint itself, which in the beginning are only transient with the patient, and which were only produced by long-continued motion, but which eventually become constant.

Of particular importance, as well known, is the pain in the

knees with those suffering from coxarthrocace, especially at night. This, indeed, is with many so violent in the commencement that the pain in the hip is quite overshadowed by it; it appears especially on the sides of the knee, being much aggravated by muscular motion, and is often more violent in the beginning than the pain in the hip.

Much has been written as to the physiological significance of this pain in the knee; so much, however, is well established, that it is not an idiopathic phenomenon of the knee-joint, as this remains altogether unchanged, but is rather of a consensual kind resting on reflexes. Most plausible seems the explanation of Stromeier. He adduces as a parallel the pain felt in the glans penis during gall-stone ailments. The presence of the stone in the bladder is shown in the spinal marrow through the nerves of sensation. By a reflex there is then produced a contraction of the bladder around the stone. With this contraction or rather this excitation of the motory nerves, there is then caused an equally vivid excitation of the nerves of sensation in the glans. In a similar manner the painful sensation is extended from the hip-joint when affected to the spinal marrow; it is then reflected to the motory nerves, especially to the psoas and iliacus, and with their excitation there is combined an equally strong excitation of the nerves of sensation, which is then felt as a pain in the knee.

But what tissues of the body are mainly affected by kali carb.? John Clarke, in his *Dictionary of Practical Materia Medica*, gives us the following information: "The salts of potash have a more specific relation to the solid tissues of the body than to the fluid parts; less to the corpuscles of the blood than to the plasma."

The fibrous tissues are particularly affected, thus the ligaments of the joints, of the uterus, and the back. This does not, however, agree entirely with Schuessler's exposition, at least with respect to kali phosphoricum. This salt is, according to him, contained in the cells of the brain, the nerves, the muscles, and of the blood, as well as in the plasma of the blood and in the other intercellular fluids.

Now if we summarize these pathogenetic effects on the tissues, as exerted by kali carb., with the subjective symptoms of the remedy, especially those of the parts about the hip-joint, we find its use in the first and second stages of coxarthrocace well founded. Those cases will especially come into the sphere of this remedy where the morbid process chiefly affects the ligaments, sinews, muscles, and probably also the cartilage of the limb, as we actually find it to be the case where rheumatism, contusions, metastasies, and

scrofulous and tuberculous constitutions are the basis of the ailment, and where the bones have only later been drawn into the morbid process. With all this there may have arisen an elongation of the limb and a consequent erroneous position of the same, as well as of the pelvis itself.

Fever appears in this ailment only to a moderate degree, and when suppuration has already set in we should rather think of *mercurius* and *silicea*.

Hahnemann numbers *kali carb.* among the antipsorics. Dr. Van den Bergh ascribes to most of the cases which he observed a lymphatic sanguine temperament; *kali carb.* is, in fact, also an important constitutional remedy.

A CASE OF CANCER IN THE CORNER OF THE EYE CURED.

By ELI G. JONES, M.D.

ON February 2nd, 1904, a lady came to my office; she walked with a cane and was heavily veiled. As she sat down in the chair it seemed to me that she would hardly have strength enough to rise again. She lived just outside of the city, and was over fifty years of age. Upon raising her veil to let me examine her face, "it was a sight to see." An epithelial cancer starting from the corner of the eye, extending over the nose, involving the upper and lower eyelids, then extended down the face about two inches below the lower eyelid. The eye itself had begun to be affected by the cancerous tumour, and it would, in a short time, destroy the eyesight. She had been *operated on four times* by the surgeons in this city; they also tried X-ray, then gave the case up as *incurable*. In addition to the cancer she had suffered with a lameness caused by fracture of the hip and injury to the back in a trolley accident five years ago. This condition of things made it necessary for her to go with a cane—and part of the time with a crutch. I told her that her case was *curable*, that I could not only cure her cancer but improve her general health and help her lameness. The location of the cancer in the corner of the eye made it absolutely necessary that the local application should be of such a nature as not to cause *any pain or inflammation*. All the so-called "Cancer Plasters" could not be used in this case, for the reason just given. She had confidence in my judgment, for she knew I had cured a sister of hers eighteen years ago of cancer of the breast without causing her any pain or making any sore—and the cancer had never troubled her since that time. I began the treatment of this lady by applying "*Cerate Phytolacca folium*" (made by Boericke & Tafel, the juice of

the fresh leaves mixed with vaselin) on soft linen cloth to cover all the diseased surface of the face. This application to be made night and morning. Every time she changed the salve, to bathe the surface round the eye with *warm* water and extract witch-hazel, equal parts; take a little time about it, and continue the bathing for several minutes at a time. Internally, I gave her *calcareo phos.* 3x, five tablets, three times a day, and *silicea* 12x, five tablets, three times a day, the *calcareo phos.* to be taken before meals and *silicea* after meals. In a week's time there was some improvement in the case; she never suffered *any pain* from the treatment, and the *phytolacca folium* cerate did not inflame the eye. She slept good every night, *without* any hypnotic or nervine, her appetite improved and she began to feel some stronger. The above plan of treatment was continued without any change for three months. At the end of that time she could walk *without a cane or crutch*, the cancer had entirely *disappeared* from her face, the colour of the skin was natural and healthy, like the rest of the face. At the present date, November 30th, I am satisfied that she is cured of the cancer. It is considered almost a miracle by the many people who saw her as she was before beginning my treatment. The great secret of success in the treatment of cancer is in being able to adapt your treatment to each particular form of cancer you happen to meet. In my thirty-five years' practice I have treated all the different forms of this disease, both external and internal, and I have never found any two cases just alike. That is the reason why so many doctors fail who try to cure all forms of cancer with a "plaster"; it is a *pure, unadulterated form of quackery*. In 1869 I started to test cancer with the idea that it was merely the *local* manifestation of a blood disease. In all the years since then and in treating cases of cancer from twenty-five States of the Union I have never seen any reason to change my opinion. The fact that a large percentage of the cases that came under my treatment have been operated on by the knife or caustic without any treatment for the blood, proves to me that a *purely local* treatment for cancer will never cure it.

I have never seen a case of *genuine cancer* in any form *permanently cured* by a surgical operation. The profession will *never* cure cancer while they continue to treat it as a *local* disease. Acting on this theory, they applied the X-ray to kill the cancer, but I have yet to see a single case of cancer cured with it. Since January, 1904, I have over forty cases of cancer where the X-ray had been tried and proved a *failure*. The treatment of cancer is a *specialty*, the same as the "Eye and Ear." No physician should attempt such work unless he

has a taste for it and made a special study of it, and will make the treatment of cancer the *business* of his life. Not one doctor, I presume, in one hundred, cares to work over "old sores," and the smell of a cancer when it gets "ripe" is not pleasing to most men.—*Homœopathic Recorder*, February.

HÆMORRHAGE FROM KIDNEYS.

LAST March Merchant G. came to my office and told me: "For three months I have had hæmorrhages from the kidney. I have consulted the physicians here and also the professors in the neighbouring University. They declare that my only refuge would be operation, i.e. the excision of a kidney. On parting the professor told me: 'Dear G., you must be operated within two weeks, else you will bleed to death.'" He asked me whether I could not help him. One of the physicians here had also acknowledged his inability to cure his hæmorrhages. They had found that the hæmorrhage came from the left kidney.

I could not, of course, promise anything, but I gave him terebinthina 3, and directed him to take five drops three times a day. This was on Monday. On Thursday the patient returned bringing some urine with him. The urine, which on Monday had been dark black, had now a transparent light red colour. I prescribed the same remedy, five drops once a day. When Mr. G. returned, in three days, the urine was quite clear, only showing a slimy sediment.

Mr. G. was not yet quite restored, for the cause of the renal hæmorrhage lay in renal gravel, which had to be gradually dissolved by going to the springs and changing his diet; nevertheless all danger had been removed by the use of this simple homœopathic remedy.

The doctor who before had said: "If I could only check the hæmorrhage!" was a very able surgeon, and when Mr. G. told him of his comparatively good condition he answered: "But you are not well yet. There is some obscurity about your case." Still I would ask: Who was therapeutically more successful? And would the patient, who was fifty-six years of age, have been able to bear the extirpation of his left kidney without grave injury to his health? Would he not have probably succumbed even after "a brilliant operation"? That it was the effect of the terebinthina which caused the cure is manifest from the gradual change in the colour of the urine. Who then was right?—*Dr. Granon in Leipziger pop. Z. f. Hom.*—*Homœopathic Envoy*, July.

CORRESPONDENCE.

"THE MEANING, NOT THE NAME, I CALL."

To the Editors of the "Monthly Homœopathic Review."

SIRS,—Will you kindly permit me to express my entire dissent from your criticism of Dr. Storar's address, and in doing so I know I have the concurrence of many of our colleagues. Your zeal on behalf of the cause no doubt led you to condemn Dr. Storar for delivering an address to the Ulster Branch of the Brit. Med. Association, in which the law of similars and the power of the small dose were very ably set forth but in which the word homœopathy was not once mentioned. Under the circumstances, the line adopted by our colleague was, in my opinion, a stroke of policy and one to be commended.

It would be greatly to our advantage if every Branch of the Association could have our principles and practice brought before it in the same non-controversial manner.

Dr. Storar was known by all present to be a homœopath; his address was a thoroughgoing advocacy of homœopathy, and the silence at the close might well be interpreted as proof that the argument had gone home, to bear fruit after many days. Instead of flaunting the homœopathic flag he very judiciously kept the name back, and quietly but forcibly presented his case, which consisted of arguments and illustrations drawn from allopathic sources, and which, therefore, did not admit of contradiction. In educating a party some allowance should be made for prejudice, and if by the avoidance of names we can get the facts accepted, that is the thing to be desired. The good name of homœopathy, and the honour of Hahnemann, may be safely left to take care of themselves when once the law of similars and the efficacy of the small dose are adequately recognized, and as a valuable contribution to this end Dr. Storar's address is very much to be commended. It is now in print, and having read it with pleasure I can recommend it along with your "Permeation" brochure, as it is on the same lines and calculated to further the same ends.

Yours, etc.

Birkenhead, *July*.

P. PROCTOR.

"OF COURSE WE . . . PREFER THE BIBLE." P. 427,
M.H.R., JULY, 1905.

To the Editors of the "Monthly Homœopathic Review."

If "we" believe man to be "the image of God," the "image" must be very poor, or God must be a very poor God. And surely "we" don't believe that a gash was made into Adam's side and a rib taken out and made into a woman!

J. W. H.

61, Shrewsbury Road, Birkenhead.
July 5th, 1905.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.; Dental Cases, Fridays, 9 A.M.

Communications have been received from Drs. OCTAVIA LEWIN, BLACKLEY, GOLDSBROUGH, BURFORD, WM. ROCHE, Mr. F. KING (London); Dr. PROCTOR, "J. W. H." (Birkenhead).

BOOKS RECEIVED.

Text-book of Diseases of the Chest. By Egbert Guernsey Rankin, A.M., M.D. Philadelphia: Boericke & Tafel, 1905. *Dispensing Made Easy.* 2nd edition. By Wm. G. Sutherland, M.B. Bristol: John Wright & Co., 1905. *57th Annual Report of the Torquay Homœopathic Dispensary, for 1904.* *Homœopathic World*, July. *Vaccination Inquirer*, July. *Calcutta Journal of Medicine*, June. *Indian Homœopathic Review*, June. *Medical Century*, July. *The Doctor*, July. *University Homœopathic Observer*, July. *Medical Brief*, July. *Homœopathic Envoy*, July. *Pacific Coast Journal of Homœopathy*, June. *Hahnemannian Monthly*, July. *Medical Times* (New York), July. *The Chironian*, July. *Annaes de Medicina Homœopathica*, March. *Revista Homœopathica Catalana*, June. *Zeitschrift des Berliner, etc.*, July. *Homœopathisch Maandblad*, July 15. *Allgemeine Homœopathische Zeitung*, July 6 and 20. *L'Art Medical*, June. *Revue Homœopathique Française*, June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

THERE is always a good attendance of our colleagues when the Congress is held in London. This is natural, as the attractions of London to those who reside in the provinces are so manifold, to say nothing of the Annual Meetings of the British Homœopathic Society, which are usually now arranged so as to synchronize with the meetings of Congress, that we cannot wonder at the good attendance. But it is sometimes different when the Congress is held at any place out of London. This year it is to be held at St. Leonard's-on-Sea, one of the most fashionable watering-places on the South Coast. St. Leonard's is full of attractions, for not only is it famed as a watering-place—and those of our colleagues who have not personally visited it should, for their own sake, make acquaintance with it by coming to the Congress meetings—but its surroundings are full of interest, and though time will limit the number of those who can remain till Monday morning, or at least Saturday evening, there is to be an outing on Saturday morning to Battle Abbey, organized by the Vice-President, MR. FRANK SHAW, by the kind permission of MR. and MRS. GRACE. And again, the work of the Congress is so arranged that there will be time for a walk or a drive between Afternoon Tea, to which the members of Congress are kindly invited by the Board of Management of the Buchanan

Hospital, and the dinner hour. This will serve also to get up an appetite for dinner, if such a thing were needed, after the indoor work of the day. The members of Congress are, besides, most handsomely and generously invited by the homœopathic doctors of St. Leonard's and Hastings to be their guests at luncheon at the Queen's Hotel, Hastings, so that the wants of the inner man will be amply seen to. But not only on account of the attractions of St. Leonard's do we ask that all who possibly can come will be present, but to have a good attendance at the Congress meetings means good to homœopathy in general, and to homœopathy especially in St. Leonard's. It will bring it to the front, and into prominent notice with all the visitors, and the old-school section of the profession, to say nothing of the habitual residents in this fine watering-place. Nothing will tend so much to lead those who are ignorant of the subject to enquire into its principles and tenets, while the Buchanan Hospital, which so well sustains its reputation for efficiency and thoroughness, will be equally benefited. A poor attendance on the part of those who might be members by the simple process of coming personally, will, on the other hand, only have the reverse effect. There is no doubt whatever that, as is usually perceived by those who take a little trouble to come, the personal intercourse of the various members one with another is of the greatest assistance in furthering the very desirable *esprit de corps*, which should always exist and flourish in our body which is, at present, in a minority. Men meet one another at the Congress meetings, to say nothing of the more convivial functions of lunch, afternoon tea, and dinner, in a manner that many of them have no opportunity of enjoying at any other time of the year. The loneliness that many who practise singly in important centres of work, feel, is thus much relieved and mitigated by meeting their colleagues, and it may cause to disappear any sharp edges, that are thus rubbed down smooth.

We cannot too strongly impress on all our colleagues that it is their duty, as well as for their own pleasure and enjoyment, to come to the meetings of Congress, and that, by so doing, they will benefit homœopathy in general, and in particular that at St. Leonard's.

During the day, ample mental pabulum will be afforded by the various papers which will be laid before the Congress, and by the discussions which follow; and by this means,

after it is all over, the members will the more enjoy the sense of rest and repose to be had at the dinner.

DR. GOLDSBROUGH, the President, will, we feel sure, give us an excellent address on "Freedom in the Practice of Medicine: Its Necessity and Implication." His thoughtful, philosophical, and clear pronouncements will do much to pave the way for the rest of the day's work, and will give a tone to the other papers that follow. The papers by Mr. DUDLEY WRIGHT and Dr. THEOPHILUS ORD on "Asthma," the one from a "Reflex Point of View," and the other on its "Dietetic and Medicinal Treatment," will be most important and instructive, and will afford ample basis for discussion. Asthma is proverbially a difficult disease to treat, depending as it does on so many causes, and complicated by so many untoward features, that it will do much good to ventilate the subject freely. An equally important subject will be treated of after lunch, by MR. C. J. WILKINSON, namely, "Acute Nephritis, with Special Reference to Cantharides and Cantharidine," which our friends in the old school are now so largely adopting as the best treatment in nephritis, and in other complaints of the urinary organs. MR. WILKINSON's thoughtful and original "Wednesday" Lecture, which we had the pleasure of printing in the *Review*, will lead our colleagues to anticipate a treat in this paper.

With such important subjects on the programme, and the discussions which will follow the papers, we feel sure that the members of Congress will have all that they can desire in the way of real mental food, and that it will enable them to enjoy thoroughly the social functions which fill up the one day we can set apart for the meetings of Congress.

We would finally draw the attention of our readers to the Circular, which was sent out to all homœopathic practitioners in the United Kingdom, and which we reprint on p. 529 of this number of the *Review*.

OUR FRIENDS ACROSS THE WATER.

OUR colleagues on the other side of the Atlantic are generally understood to be "cute," and we wish to be on as fraternal terms with them and with their journals as we possibly can be. But we draw the line when we learn, on the best authority, that the Editors of at least one well-known

American journal have written to one of our colleagues on this side to give them a list of English doctors to whom they may apply for contributions. Now, as we number less than three hundred homœopathic practitioners in the United Kingdom, and America can reckon about twelve thousand, we think it is too much of a good thing for the latter to endeavour to get contributions from Englishmen for American journals. With the *Monthly Homœopathic Review*, the *Homœopathic World*, and the *Journal of the British Homœopathic Society*, it requires all our talent to adequately fill our respective pages. We would therefore caution those to whom America may make application to consider whether it is not their duty to adequately contribute to English journals before sending over their contributions to another country. Fraternity of feeling may go too far, and become a loss instead of a gain to the cause, by sub-dividing too much our resources. We need hardly say that any such contributions sent to American journals would remain unknown on this side of the water, as few American journals are taken here, and the *Review* would not feel itself called upon to reprint them.

NOTES ON SOME CASES OF HÆMORRHAGE.

By A. MIDGLEY CASH, M.D., Torquay.

THESE notes were made of clinical cases which have occurred in my practice, and they serve to illustrate some of the commoner forms in which hæmorrhage is apt to occur externally.

Hæmorrhage from Varicose Vein in Leg.

No 1.—Mrs. N., æt. 30, sent hurriedly one evening about eleven o'clock. She had suffered for some time from enlarged veins in her legs. On that day she had walked a longish distance. Just as she was retiring for the night a rupture suddenly occurred in the vein, which began to bleed furiously. I got to her as quickly as possible, and found pools of blood in the passage and bedroom. The friends had surrounded the leg with bandages, which were soaked with blood, and entirely inefficacious in controlling the bleeding. Removing them, I found a round opening in the skin at the lower third of the tibia, whence the blood

was issuing in jets. Raising the foot and leg, as usually advised, did not check the bleeding, so I compressed the vessel against the bone, when the hæmorrhage stopped, and then put on the spot a firmly rolled pledget of absorbent wool soaked in hamamelis, with a good handful of wool outside it, and bandaged all firmly on. This satisfactorily controlled all bleeding; she was put to bed with the leg raised. Next morning, on going round early to see her I found she had already been up and washed and dressed several children! Fortunately no harm was done. She was ordered hamamelis internally, with rest and care, for she had several threatening-looking spots on the leg. Both legs were varicose, and some of the dilated veins were dangerously near the surface. Two days later I removed the bandage, and found all right. At the spot was a fine healing sore. She was now going about her housework as usual, so I put on the bandage again to support the veins meanwhile, and ordered her an elastic stocking. Five or six weeks later she came down to see me at the dispensary, and there had been no further bleeding. Raising the leg as recommended in the text-books on surgery may be efficient and sufficient in some cases to check the bleeding, when moderate in amount; and coming only from the distal end of the vein. But when severe, and flowing also from the proximal end, as in long standing cases where the valves have become inoperative owing to the dilatation of the veins, firm pressure applied directly to the bleeding spot is necessary to staunch the flow.

Epistaxis in a Gouty Subject.

No. 2.—Lieut. B., æt. 75, a tall, worn old man, had suffered from some intractable skin eruptions. Has a chronic patch of palmar dermatitis, and urine contains faint trace of albumin. He complained of several attacks of epistaxis and some headache. On March 14th, 1904, I was hurriedly sent for. A violent attack of sneezing had caused the bleeding to recur. I found the blood running out of both nostrils, and on inspecting the fauces I could see it also running down from the back of the right nostril. He was choking and spitting up frequently large mouthfuls of bright coloured blood. It seemed advisable to plug the right nostril, for it was evident the hæmorrhage could not be allowed to go on at this rate. I, therefore, introduced a roll of lint soaked in hamamelis tinct. But this did not

seem to reach the bleeding point, and no abatement of bleeding was attained. I then endeavoured to find the point from which the blood issued, examining through the nasal speculum, but the bony passage was too narrow to admit the speculum valves, so it was impossible to see anything beyond the anterior part of the nasal passage. Soaking the ends of two long strips of lint (14ins. by $\frac{3}{4}$ ins. wide) in Squire's styptic Adrenalin solution, I pushed these well in with nasal forceps through the speculum, and packed them home with the probe, so that the whole strips were inserted, leaving only a little bit for after-withdrawal. This stopped the bleeding. With a strong reflected light from a forehead mirror, I watched the back of the throat for some time, and satisfied myself that no drop of blood passed down; I gave millefol. ϕ every half-hour, and ordered iced milk by mouthfuls only. Next day examined, and found no blood had passed, so treatment continued, and plug left in. Some pressive frontal headache was apparently due to the plug, so in the evening I gently drew out some three or four inches and cut it away. Ice compresses were applied to the nose. The diet consisted of eggs, milk, and Brand's jelly. Next day I withdrew the whole plug, and syringed out the nostrils with warm boracic lotion. There was no further epistaxis, though the mucous membrane was much injected. A nasal spray ordered of cocaine and hazeline in water for a few days. Patient has remained well since.

This was one of the most severe and persistent cases of epistaxis I have met with. There is little doubt that a degenerated condition of both blood and blood vessels, incident to his constitutional arthritic condition, and chronic renal disease, accounted for the obstinacy of the bleeding.

Post-partum Hæmorrhage following Miscarriage.

No. 3.—Mrs. E., æt. 38, strong, healthy woman, the mother of twelve children. Has had two miscarriages in the last fourteen months, probably owing to over-exertion. On January 19th, 1904, she aborted again, having had no catamenia for three months. Some solid matters were described as passed, but it was not proved that the placenta came clear away. However, the os uteri was closed when I saw her. She was kept in bed under observation. Within a few days she began to pass clots, the discharge then lessened, and became watery, and looked as if passing naturally

away. However, two weeks after the miscarriage, while lying quietly in bed, a tremendous gush of uterine hæmorrhage occurred, which swamped the bed, and left her faint and pallid. I was sent for at once. On examination the os was found widely dilated, and the womb relaxed, and full of clot. Reaching as high as possible I could just touch a firm body, like the edge of the placenta, partly separated, and in part adhering to the wall of the uterus. She was calm, but pale and collapsed, pulse hardly to be felt. I injected $\frac{1}{10}$ gr. ergotinine subcutaneously, and gave a hot saline injection into the rectum, which seemed to do good. I sent for the nearest doctor, who kindly came at once and put the patient under the anæsthetic mixture A.C.E.

When unconscious I gradually insinuated my hand like a cone into the uterine cavity, slowly dilated it, and then got hold of the placenta, which I gently scraped and peeled away, removing it in four pieces. The uterus then contracted well. An intra-uterine douche, temperature 115° of kreoline and water was given, and then per oram a dose of liquor ergotæ. As she seemed low I gave her $\frac{1}{10}$ gr. strychnine hypodermically. She then rallied well, and soon came round; drank milk and bovril, and three hours later I found her quite comfortable. Later on, china and crocus were ordered alternately every two hours, and a warm injection of permanganate of potash in water given daily. There was no fever, and she made uninterrupted convalescence.

It is surprising how much blood a woman may lose in this way, and yet recover without any after anæmia. The hot saline injection markedly benefited this case, for the patient seemed to recover almost at once from her serious state of collapse. Probably the use of the hot fluid in its immediate neighbourhood has a good effect in increasing the contractile power of the uterus, besides the reviving effect it produces on the circulation.

Alveolar Hæmorrhage in a Subject of Renal Disease.

No. 4.—Mrs. S., æt. 50, a stout anæmic lady suffering from Bright's disease of the chronic inflammatory form. The urine was albuminous. Heart dilated and hypertrophied. Eyelids puffy, feet and legs cedematous, and commencing atrophy in both optic discs. Her state was one of mild uræmia, with congestive headaches. She came

twice to Torquay, for her first stay was attended with decided benefit. On her second visit she unfortunately got into a large cold house, and coming in at the end of a long journey took a severe chill. She developed at once an exceedingly painful sore throat—the pain so acute that tears came into her eyes whenever she swallowed, and she exerted her utmost to avoid coughing. These symptoms were relieved by *hepar. sulph.* and *lachesis*. *Pari passu* with these symptoms hæmorrhage began from the gums. At first it was a general oozing which came from the lower jaw, around some stumps, but it soon increased to alarming dimensions. *Hamamelis* and *arnica* were tried, but the matter of the throat was at this time so urgent that treatment had to be diverted to it. On the third night after it had first shown, a most severe hæmorrhage occurred from the gums, and again in the afternoon following. *Arnica* internally and locally failed to stop it. When I saw her at 4 p.m. I found her mouth constantly filling with blood, which as fast as she spat out refilled.

In the course of the afternoon she had probably lost altogether one pint of blood in this way. The gums were extremely soft and spongy. I cleared the clot out from the mouth, and found the blood welling up around a lower bicuspid and adjacent teeth. Small sponges soaked in *hamam.* tinct. pressed firmly on the gums did not check the bleeding, and finally I plugged lint firmly between and around the teeth, thereafter keeping the mouth firmly bandaged close. By this means the bleeding was arrested. Iced drinks with beef tea were given at intervals, and doses of *hamamelis* ϕ . Not before three days was it safe entirely to remove the plugs. After this no further bleeding occurred. She went on for a time, but her advanced kidney disease with increasing weakness carried her off after her return home to the north two months later. This hæmorrhage was idiopathic, and occurred spontaneously; it was due to the advanced kidney disease, and consequent blood deterioration from which this lady suffered. We know that in advanced Bright's disease this is frequently the case, and hæmorrhages are likely to occur from mucous surfaces, which are particularly persistent and difficult to stop.

I have at times met with sharp hæmorrhage from the socket of a tooth after extraction, when it has been necessary to plug, so as to control the flow. This is comparatively easily done, where we have the hollow socket to fill

up with the plugging material. But it is another matter when the bleeding proceeds from the gums at the base of existing teeth; here there is much less purchase for plugging, and the soft parts around do not give any satisfactory support.

Fierce Hæmorrhage from Fungating Cancer of Jaw, stopped by Iron Alum applied locally after failure of many remedies.

No. 5.—Mons. L., æt. 61, an Italian courier. The disease had lasted full two years. He had been an excessive smoker of strong tobacco. A tooth badly stopped had caused irritation in the mouth, and a pimple formed inside on the mucous membrane.

In the course of a fever, while unconscious, this pimple got bitten, and a festering sore formed. This sore was diagnosed as epithelioma, and twice cut out by Mr. Christopher Heath. The disease recurred; finally a general brawny involvement resulted of the tissues about the lower jaw, and a deep cavernous fissure formed, from which gushes of alarming hæmorrhage occurred without the least warning. The facial artery was probably involved in the cancerous growth. Tying the common carotid might have been effectual, but the spread of the disease to the glands and tissues far down the neck would have made such an operation exceedingly difficult, whilst the low exhausted state of the patient also contra-indicated the operation. Hydrastis, condurango, and aurum iod. were given internally for the general disease, and externally liq. ext. hamamel. with tannic acid was applied on lint plugged into the cavern. Afterwards matico powder on absorbent wool was used with but little effect. Great swelling of face and neck occurred from pressure on facial veins. I must refer to some remedies given internally, which even in this extreme case had a markedly beneficial action. *Acon.* 1x notably relieved the atrocious pressure pain, from which the patient suffered. *Conium* greatly helped a troublesome tickling cough which tormented him. Colliquative diarrhœa from gastric absorption of putrid sanies was treated with *secale*, under which it subsided. As the disease invaded the gullet there was great dysphagia, which *Belladonna* soon removed. Finally, after a chequered course of suffering a tremendous bleeding set in, which put all other treatment aside. Reduced and anæmic as he already was, this bleeding had now brought him to death's

door. The urgency of the case demanded the instant use of the most powerful styptic possible, and *Iron Alum* powder thickly dusted on a pledget of cotton wool was pressed into the crater. This—as my notes made at the time have it—“stopped it clean,” and twice later, when blood again rushed from the neck, the application of this powder in a similar way was equal to promptly stopping the flow, and preventing the patient bleeding to death. The ulceration at last laid bare the gullet and perforated its tube, so that everything came out at the open wound in the neck. The case was an extraordinary one of life being prolonged for a considerable time under terrible circumstances. The impression, however, left on all who saw the effect of the iron alum in this case was, that its action was extraordinary, and with me it stands now as the supreme external styptic where pressure and ligature are not possible of application.

THE RELATION BETWEEN INFLAMMATORY DISEASES OF GALL-BLADDER AND VERMIFORM APPENDIX.*

By FLORENCE N. WARD, M.D., San Francisco.

THE frequency with which I have met chronic appendicitis associated with gall-bladder disease, on opening the abdomen, has called my attention to these lesions; not only to the fact of how frequently they are associated, but also to the extreme difficulty many times of making a differential diagnosis between them before the peritoneal cavity is opened.

Recent surgical methods have thrown new light upon the lesions of the right upper quadrant of the abdomen, and it is now being realized the important part gall-bladder lesions play in the pathology of the peritoneal cavity, and how many of the hitherto supposed gastric and intestinal diseases are found to have their origin in the gall-bladder. As a result, the treatment of inflammations of the gall-bladder has become in a large measure surgical, the same as lesions of the appendix. The old symptomatology of gall-stones and cholecystitis has been found incorrect, and every effort is now being made toward more accurate as well as to an earlier diagnosis.

* Read before the Surgical and Gynæcological Society of the American Institute of Homœopathy, Chicago, June, 1905, and reprinted from the *Pacific Coast Journal of Homœopathy*, for July.

In the study of the lesions of the right half of the abdomen in women, are found the three most vulnerable points in the peritoneal cavity—the gall-bladder, the appendix, and the Fallopian tube—each peculiarly susceptible to infections and the lesions resulting therefrom. The Fallopian tube has received such careful investigation that but little more can be added to its pathology, also its relation to the appendix, so that lesions of the appendix and the gall-bladder, how often they are associated, and what relation they bear to each other, will only be considered in this paper.

The right upper quadrant of the abdomen has been the last part of the peritoneal cavity to be explored, and now, when performing pelvic and abdominal operations, an examination of the gall-bladder and ducts is considered as much a necessary routine measure as the examination of the appendix.

In the study of the gall-bladder and appendix we are struck by their many points of similarity. Both organs are the weak points in the alimentary tract by reason of their extreme susceptibility to bacterial invasion. They both show a lowered resistant power, both being retrogressive or vestigial organs.

In the brilliant paper entitled "Is the Gall-bladder as Useless as it is Dangerous?" by Woods Hutchinson, he shows in his studies of the comparative anatomy of the gall-bladder that it is one of the most inconstant appendages of the alimentary tract; it is present in the majority of species of any given class, but at the same time its disappearance will occur in species not merely of the same class or family, but even of the genus, without any apparent ascertainable cause. For instance, it is absent in the horse, present in the cow and sheep, present in the goat, absent in the deer; among the birds, it is present in the hawk and owl, absent in the dove family; in the giraffe, sometimes present and sometimes absent. With such a degree of inconstancy, it can hardly be accorded any vital or important function, and lastly, whatever may be its function in our own species, it has been proved surgically that it can be completely dispensed with without serious or appreciable injury to the individual. Both organs, the appendix and the gall-bladder, present parallel lines in being functionless organs, both are situated unfortunately mechanically. Their distal portions are lower than their outlets, and their out-currents must move upward instead of being favoured by gravity. This condition favours stagnation of fluids, presenting excellent conditions for the development of bacterial infection; in the gall-bladder, resulting in gall-stone formation, and in the appendix in perforation. By

reason of its situation, being continuous with the cæcum, the appendix is more prone to the virulent type of infection. It is in the part of the alimentary canal that the bacterial growth is most abundant, and by simple extension, streptococci and the colon bacilli may produce so intense a type of infection as to cause a fulminating acute attack. The gall-bladder, on the other hand, situated higher up in the alimentary tract, is in a part freer from bacterial growth. It is less frequently attacked by virulent organisms, the most frequent forms being the typhoid and colon bacilli. The acute attacks are as a result less intent in character than in those involving the appendix, and by reason of the elasticity of the walls of the gall-bladder it is capable of great distension before rupture, so that perforation rarely occurs in an acute attack of cholecystitis attended by gall-stones or otherwise. The far-reaching effects of complications attending the presence of gall-stones or cholecystitis are much greater than in a chronic appendicitis, and more apt to be progressive rather than latent. The gall-bladder acts as a barrier against infection to the liver, with its elaborate system of drainage. Should it become infected, it becomes the nidus for irritating gall-stones, and a tremendous menace to the whole hepatic system, and sooner or later some form of chronic obstruction occurs, with resulting fistulæ, perforation, and a greater or less degree of septic cholangitis. The conclusion, therefore, may be reached that inflammation of the gall-bladder and appendix, so frequently encountered existing in the same individual, is not due to the extension of inflammation from one organ to the other, either by continuity or lymphatic currents, but that it exists as the result of parallel conditions found in each organ: namely, a similarity of function, a weakness of structure, or lack of resistance to bacterial life, and lastly, unfortunate mechanical conditions.

With the light thrown upon the lesions of the right half of the abdomen by surgical exploration, the pathology has not only had to be remade, but the clinical manifestations have been found to be wrongly interpreted. Before being able to make an accurate diagnosis with consequent intelligent treatment, it is necessary to recognize the symptoms resulting from the inflammation in the different parts of the gall-ducts and the gall-bladder. It must be remembered that pain is not a manifestation of the presence of gall-stones in the gall-bladder, except when their presence is associated with acute or chronic affections of the gall-bladder or the ducts. Jaundice is absent in from eighty to ninety per cent of the cases. Hyper-sensitiveness of the gall-bladder is present in all varieties of infections and gall-bladder obstruction. Tenderness is

elicited by deep palpation just below the ninth costal cartilage, or in a line from that point to the middle of Poupart's ligament, as this is the common tract of gall-bladder enlargement.

There are certain characteristic symptoms of the presence of gall-stones in different parts of the hepatic tract in the gall-bladder. When in transit, in the hepatic or cystic duct, pain in majority of cases is referred to right subscapular region. Gall-stones in the common duct cause symptoms of obstruction, jaundice, vomiting, accompanied many times by fever, pain, paroxysmal in character, radiating to the back.

When the stone is movable, bile again flows, jaundice is relieved, and there is a decrease of pain. In intermittent obstruction from floating stone, the pain is more severe during obstruction, and greater tenderness nearer the median line. The diagnosis of stone in hepatic duct is very difficult, pain is present of an irregular type, fever occasionally present, jaundice frequent, no tumour, the liver frequently enlarged, and generally co-existing a cholangitis.

A certain group of symptoms associated with gall-stones must not be overlooked, and that is the chill, fever, and sweat characteristically intermittent in character, and strongly suggesting malarial infection. This group of symptoms was first known under the term of "*fièvre intermittente hépatique*." It is a condition of septic absorption as the result of acute infection from the irritating presence of gall-stones, and bespeaks a condition of extreme gravity, requiring prompt interference to obviate the otherwise fatal culmination.

Differential Diagnosis. In typical cases of appendicitis but little difficulty in diagnosis is found, but in cases where the appendix is displaced upward, and diseased toward the tip, and where former adhesions have connected it with the upper quadrant of the abdomen, then is difficulty encountered; there is the characteristic sign of rigidity of the right rectus muscle, difference in temperature and in radiation of pain, vomiting often reflex, and the absence of jaundice. In gall-bladder cases, Hoskins has pointed out the fact that at the end of twenty-four to forty-eight hours, patients will be in a better condition than one suffering from a comparable attack of appendicitis. Many authorities are now recording the frequency in which simultaneous infection of the gall-bladder and the appendix is found. Oschner reports that more than thirty-five per cent of his cases of gall-bladder that were operated upon suffered from acute or chronic appendicitis.

Dr. Brooks Wells, Dr. J. S. Clark, and Dr. Howard Kelly have all contributed valuable papers on these associated lesions. They have all come to the conclusion that an infected gall-bladder is coming to be more and more feared as a possible

and frequent cause of other and serious terminal infections, and that because of this fact and the small mortality following early operation, it as well as the appendix should be *urgently* treated whenever its infection is recognized.

Statistics. Mosher's table is compiled from Johns Hopkins Hospital Bulletin, and shows in this country gall-stones are present in 6.94 per cent of all people, or stated differently, one person in every fifteen has gall-stones. In those afflicted death was due to their presence in 11 per cent of cases; that is to say in every 1,000 deaths 76 were attributed to gall-stones.

Operative Treatment. The evolution of the treatment of the gall-bladder lesions has proceeded exactly upon the same lines as the treatment of the appendix. We make the plea for the early operation in gall-stones, and for the "interval" operation exactly as we do in appendicitis. Like the interval operation in appendicitis, the removal of the diseased gall-bladder can be performed with as much ease and celerity as the amputation of the appendix. The best results are obtained in uncomplicated and early cases, 3.5 per cent being the mortality rate; this rate rapidly increases in encountering the complications of late and neglected cases.

As a step toward the intelligent treatment of these lesions, routine examination should be instituted in all cases where the abdomen is opened for pelvic or abdominal disease, and in all cases where the gall-bladder is operated upon, the appendix should be drawn up into the incision and examined as to its integrity.

The incision best suited for such purpose is the incision recommended by Albert J. Oschner, through the outer edge of the right rectus abdominis muscle, beginning one inch below the costal arch, and extending one and one-half to three inches in length. This is the incision that best exposes the gall-bladder and ducts, and at the same time permits the inspection of the appendix, and can readily be enlarged for deeper exploration of the common duct or for better control of the appendix. This procedure is further aided by placing a sand bag under the patient's back in the lower dorsal region, and raising the patient five or six inches in the Trendelenberg posture.

The question of drainage in gall-bladder surgery must always be answered in the affirmative; not yet do we dare to close the gall-bladder until the outer currents have lasted long enough to wash out the debris.

The following case is reported as illustrating the difficulties in making differential diagnosis between the lesions of the gall-bladder and of the appendix, and also the ease with which a patient will bear extensive gall-bladder surgery:

CHOLECYSTOTOMY FOLLOWED BY CHOLECYSTECTOMY.

Patient, Mrs. M. ; age 45 years. American. Married twenty-five years. No inherited tendencies. Menstrual history: puberty at eighteenth year; menstruation every twenty days, lasting three days; character, normal, painless. Pregnancies, six. Four full term deliveries with good recoveries. Two abortions at two months, brought on by debility. Past history bears testimony to two attacks of gall-stone colic at intervals during the last eleven years. History of sick headache appearing before menstrual period for twenty years. Has a right inguinal hernia dating from childbirth nineteen years ago.

Present Attack. I was called to see the patient on December 24th, 1904, and obtained the following history of the acute attack: The evening before she had reached high above her head to put a vase upon a shelf, and immediately she felt a dull sick feeling all over, as though she had strained herself. About 11 p.m. she began to feel an intense pain in the right inguinal region; this grew worse, and the appearance of a tumour, hard and exquisitely tender to touch, was noted. At 3 a.m. an enema was given, with moderate results and no relief from pain. At 6 a.m., December 24th, the patient began vomiting green, bitter fluid at gradually shortening intervals, with almost unbearable pain. On examining the patient I found the abdomen exquisitely tender to touch, more intense on the right side. On palpation a tumour could be mapped out about the size of a small orange at McBurney's point. There was but very little tympanitis, but rigidity of the right side was well marked. An old right inguinal hernia was also noted. Temperature and pulse were normal. The patient's symptoms, however, were so urgent, the vomiting and pain both increasing, that she was sent to the sanatorium, and preparations were made for immediate exploration.

Operation. The anæsthetic was given by Dr. Nelson B. Bailey; the assistants were Dr. Ida B. Cameron and Dr. Joseph Brooks. A McBurney incision was made. On opening the peritoneal cavity the fundus of a greatly distended bladder presented in the incision. On being pushed aside, the appendix was found in a condition of chronic inflammation with many adhesions. The adhesions were separated, and the appendix removed at 6.30 p.m. by Fowler's method. The incision was closed at 6.53 p.m. with interrupted silkworm sutures. At 6.54 p.m. a second incision was made for the gall-bladder work, parallel with the lower border of the ribs, about six cm. from the margins. The gall-bladder was found greatly enlarged and elongated. The general peritoneal cavity was walled off with gauze packing. At 7.02 the gall-

bladder was incised and emptied of gall-stones to the number of sixty-six. They were highly polished, and faceted, and surrounded by mucus, but no bile. At 7.20 the contracted gall-bladder was stitched to the parietal layer of the abdominal wound, and drained by strips of sterile gauze projecting from the wound, and kept in place by catgut sutures. The abdominal wound was partly closed by interrupted silkworm-gut sutures, and the operation finished at 7.30 p.m.

The gall-stones belonged to the class of cholesterin-pigment stones, composed largely of cholesterin, some bile pigments, principally biliverdin, and a small amount of magnesia and calcium salts.

Post-operative Record. The patient reacted well after the operation; temperature 98.6°, pulse 68. The patient made an uninterrupted recovery, sitting up on the sixteenth day. The abdominal wound did not close, however, but a constant mucous discharge remained, which showed no admixture of bile. There was no doubt but that an obstruction existed in the cystic duct. A secondary operation was decided upon, and performed January 19th, 1905.

Cholecystectomy. The operation was begun at 10 a.m. Exploration of gall-bladder. An attempt to remove the thickened mucous membrane was made, but it was found too brittle and adherent. It was then decided to remove the entire gall-bladder. A stone the size of a hickory nut was found imbedded in the cystic duct. The old incision into the gall-bladder was then closed with continuous cat-gut, and the gall-bladder freed from the abdominal wall; adhesions to the gall-bladder were separated, and the gall-bladder was tied off and removed. The stump was completely closed by interrupted catgut sutures; two strips of iodoform gauze were sutured to the stump by fine catgut to keep them in position. The site of the operation was lightly packed with strips of iodoform gauze, and the incision closed by interrupted silkworm-gut sutures, leaving the ends of the gauze protruding from the edge of the wound. Operation finished at 11.20 a.m. The temperature was 98.6°, and the pulse 70 after the operation. The gauze packing was gradually withdrawn, and the wound allowed to close; union by first intention. The patient made a perfect recovery, sitting up on the fourteenth day. The patient experiences complete relief from all her old symptoms.

REVIEWS.

Dispensing Made Easy, with numerous Formulæ, and Practical Hints to secure Simplicity, Rapidity, and Economy. By WM. G. SUTHERLAND, M.B., Aberd., etc., etc. 2nd edition, Revised. Bristol: John Wright & Co., 1905.

THIS little work is entirely on allopathic lines, and so is of little use to the homœopath, who, in provincial practice, carries a pocket case. Still even to homœopaths who do not use a pocket case, or only partially so, but who send out their medicine in bottles, there are numerous practical hints which they may find of value and interest to look into.

A Text-Book of Diseases of the Chest, Pericardium, Heart, Aorta, Bronchi, Lungs, Mediastinum and Pleura. By EGBERT GUERNSEY RANKIN, A.M., M.D., Professor of Theory and Practice of Medicine, New York Homœopathic College, Physician to the Metropolitan Homœopathic Department of Public Charities, and to the Flower Hospital, New York. With 63 illustrations. Philadelphia: Boericke and Tafel, 1905.

WE can strongly recommend this book. For the student and practitioner who wants a full, concise, and admirable guide in all that concerns diseases of the chest, it will be found as perfect as we can wish. The symptomatology, diagnosis, prognosis, and pathology are excellent, and the homœopathic treatment full and clear in its indications and usefulness. With the aid of an index which ends the book, Dr. Rankin puts it in the power of every reader to find at once what he requires, and we think that, to the busy practitioner, a great deal of information which he is apt to forget will be found in as short a compass as possible. We can strongly advise every practitioner and student to get Dr. Rankin's work, and peruse it carefully.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS, 1905.

THE following circular has been issued by the Hon. Secretary to all homœopathic practitioners:—

President: Giles F. Goldsbrough, M.D.; Vice-President: Frank Shaw, Esq., M.R.C.S. Eng.; Hon. Secretary: D. Dyce

Brown, M.D.; Hon. Treasurer: E. M. Madden, M.D.; Hon. Local Secretaries: William Clowes Pritchard, B.A., M.R.C.S., and L.R.C.P., Lond., and Percy Capper, M.B., C.M. Edin.; Council: the President, the Vice-President, the Hon. Treasurer, the Hon. Secretary, the Hon. Local Secretaries, Dudley Wright, F.R.C.S. Eng., Washington Epps, M.R.C.S. Eng., L.R.C.P. Edin., E. A. Neatby, M.D. Brux., James Searson, M.D. Brux.

29, SEYMOUR STREET,
PORTMAN SQUARE, W.

August, 1905.

DEAR SIR,—The Annual Congress will be held this year at St. Leonard's-on-Sea, at the Hastings Town Hall (by the kind permission of the Mayor, Councillor Charles Eaton, J.P.) on Friday, September 22nd, at 10 o'clock punctually.

The Presidential Address will be delivered by Giles F. Goldsbrough, M.D. Aberd., Physician, and Physician for Diseases of the Nervous System to the London Homœopathic Hospital. The title of the address will be: "Freedom in the Practice of Medicine: Its Necessity and Implication." Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address, will be welcome.

A short interval, after the conclusion of the Address, will be occupied by the Treasurer in receiving the Members' subscriptions.

A paper will then be read by Dudley D'A. Wright, F.R.C.S. Eng., Surgeon, and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital; and Consulting Surgeon to the Leaf Homœopathic Hospital, Eastbourne, entitled—"Asthma, from a Reflex Point of View,"; to be followed by a paper by William Theophilus Ord, L.R.C.P. Lond., and M.R.C.S. Eng., Physician to the Bournemouth Hahnemann Convalescent Home and Dispensaries, entitled—"Asthma, a Vaso-Motor Neurosis: Its Dietetic and Medicinal Treatment." After Dr. Ord's paper a discussion on both papers will take place.

The Congress will then, at 1 o'clock, adjourn for luncheon to the Queen's Hotel, Hastings.

The Members of Congress will on this occasion consider themselves, by the generous hospitality of the local doctors, Mr. Frank Shaw, Dr. Clowes Pritchard, and Dr. Percy Capper, as their guests.

After the lunch the Congress will reassemble at the Hastings Town Hall at 2 o'clock. A paper will then be read by Clement J. Wilkinson, M.R.C.S. Eng., and L.S.A. Lond., of Windsor, entitled—"Acute Nephritis, with special reference to Cantharides and Cantharidine." After the reading of this paper a discussion will follow.

The Congress will then take up the formal business—the selection of the place for the next meeting of Congress, the election of President and other officers for the ensuing year, and any other business which may be competent. This will conclude the proceedings. At the conclusion of the business, the Members of Congress will adjourn to the Buchanan Hospital for afternoon tea, to which they are invited by the kindness of the Board of Management.

It is expected that this will give time for the members of Congress to have a walk before dinner-time.

The Members with their friends, ladies as well as gentlemen, will dine together at the Queen's Hotel, Hastings, at 7 o'clock.

The Subscription to the Congress is, as usual, ten shillings and sixpence. The dinner ticket alone, *for guests only*, is seven shillings (exclusive of wine).

On the following morning (Saturday) Mr. Frank Shaw (the Vice-President) has arranged, by kind permission of Mr. and Mrs. Grace, an outing to Battle Abbey. Conveyances will be arranged for.

The Council have unanimously resolved that all who reply on the enclosed post card that they intend to be present at the Congress, and who do not by letter or telegram, received not later than the morning of Congress (Friday, September 22nd), state that they are prevented unexpectedly from being present, will be held responsible for the amount of Subscription (10s. 6d.) This is held to be necessary to complete the arrangements and to prevent difficulties which have arisen at former Congresses owing to want of care and foresight.

Should you know of any colleague who has not received this Circular, will you kindly let me know.

The enclosed post card is to be filled up and returned to me as early as possible, *but not later than September the 8th.* Of course, if any colleague cannot make his arrangements so early, the post card will be received up to the day of the Meeting, but it is earnestly hoped that all will return the post card as early as possible, as arrangements for the lunch and dinner are much facilitated thereby.

I remain, yours very truly,

D. DYCE BROWN, *Hon. Sec.*

P.S.—Any Member of Congress who wishes to arrange for a bedroom, will please communicate with one of the Local Secretaries:—Dr. Clowes Pritchard, 29, Wellington Square, Hastings, or Dr. Percy Capper, Rocklands, 58, London Road, St. Leonard's-on-Sea.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

AN excellent resumé of the meeting of the American Institute of Homœopathy on June 26th is contributed by Dr. Florence N. Ward, of San Francisco, in the form of a letter to the pages of the July number of the *Pacific Coast Journal of Homœopathy*, and we therefore quote it for the benefit of our readers:—

The annual meeting of the American Institute of Homœopathy was held at Chicago, June 26th, 1905. Never did the "Convention City" extend more royal welcome than upon this, the sixty-first, anniversary of the Institute.

Convention week opened hot, oppressive and sultry, but weather conditions were soon forgotten on arriving at the "Auditorium" amid the greetings of old friends and the hearty welcome of the Local Committee under the leadership of Dr. Joseph Cobb.

Everything was in a most delightful state of readiness for the work of the week, and by eight o'clock of Monday morning the first committee, the Inter-Collegiate, held their session, with Dr. Walton, of Cincinnati, as chairman. The formal opening business meeting of the Institute took place at 4 o'clock that afternoon, President Royal presiding.

The exercises in the evening were unusually good. They were held in the Music Hall, Dr. Royal's address being a straightforward statement of homœopathy of to-day, its weakness and its needs, and calling for higher individual standards in our homœopathic teaching and practice, and for better organization and a journal for the Institute. It was enthusiastically received. After some good music and the usual addresses of welcome, a reception and ball until the small hours completed the festivities of the day.

Next morning the work of the Institute began in earnest, the Obstetrical Society leading with an address of the President, D. A. Foote, of Omaha, "The Modern Accoucheur a Gynecic Surgeon," and although the annihilation of the gynæcologists was predicted as the result of the development of the modern obstetrical surgeon, still the gynæcologists were well in evidence in all the discussions, evidently determined to make the most of their brief day.

From this time on, there were usually four sections in session at a time, the specialists keeping close to their own societies and slipping away occasionally for an unusually good paper in some other section. The papers throughout were very good, those in surgery being up-to-date and reflecting the excellent character of surgical work done in our school.

One most excellent change in the programme that will be made at the next meeting, will be that all other meetings will

be adjourned while the Bureau of Homœopathy is in session, thereby giving every member of the Institute the freedom to attend the *Materia Medica* Section without interfering with the special societies' proceedings.

One of the best moves for the advancement of homœopathy was the establishment of a Bureau of Drug-proving, which is now well organized and gives promise of soon doing good work.

Also, a committee was appointed to make the preliminary investigations and preparations for establishing a journal for the American Institute.

The Inter-State Committee reported, through Dr. Curtis, of Washington, measures aiming at reciprocity in the practice of medicine in the different States.

The Inter-Collegiate Committee investigated the condition of medical education through our homœopathic colleges, and, deploring the slightly lessened number of students, advised greater personal interest on the part of homœopathic physicians in cultivating and drawing in more disciples.

Besides the sectional work, clinics were held at the Hahnemann Hospital for the Otology, Ophthalmology and Laryngology, and Gynæcological and Surgical Societies.

Pleasures of all kinds were provided by the Local Committee and the ladies of the Meissen Club.

The Californians present were Drs. Crawford, Hawkes, Hunt, and F. N. Ward.

The banquet, celebrating the one hundred and fiftieth anniversary of the birth of Hahnemann, was really a wonderful event. Over seven hundred guests sat down in the large banquet-hall of the Auditorium. Dr. Walton was toast-master. The banquet was excellently prepared, well served, and the toasts by Drs. Sutherland, Copeland, and Starr were inspiring and full of good things. The personal touch to the evening was the speech of John D. Young, upon "Personal Reminiscences of Hahnemann." When a small lad he had been cured of tuberculosis by Hahnemann, and gratitude and love lent eloquence to his words.

The next meeting of the Institute will be held at Atlantic City in September, 1906, and then, in 1907, the cry is "On to California."

The membership list was unusually large, three hundred and twenty-five new members being admitted. The attendance was also very gratifying, over a thousand members' and visitors' badges being worn.

Dr. W. E. Green, of Little Rock, Arkansas, was chosen President, and Dr. Willis A. Dewey, of Ann Arbor, Vice-President; the other officers were re-elected.

Beside the pleasure of the work and the interchange of ideas, the most delightful thing of the Institute is the meeting of the old set of friends year after year, and the good comradeship and uplift that come from such contact. There were the rugged Runnells, the witty Walton, the eloquent Bailey, the genial Biggar, the gentle McClelland, the same old Dewey, with scores of others, saying the kind thing one to another, the word of appreciation, the hearty good cheer that warmed and touched because it was sincere and kindled the inspiration that would be enough to tide to another year.

As I turned from the meeting, with its fine spirit and rich associations, I wondered why our little part of it out here on the Western Coast could not be filled with the same spirit of love for the cause and power to work shoulder to shoulder for that which is common to all. And if we are to maintain our position among the States that have proudly received the Institute in the past, from now on for the next two years we must organize, we must unite in the spirit of harmony, and by the work that we do make our hospitality so fine a thing that it will maintain the traditions of the Institute and of California.

FLORENCE N. WARD.

OEDEMA OF THE FEET AND LEGS DUE TO THE EXCESSIVE INGESTION OF SODIUM CHLORIDE.*

By J. H. BRYANT, M.D., F.R.C.P.,

Physician and Lecturer on Pharmacology and Therapeutics,
Guy's Hospital.

DURING the last three years, particular attention has been paid to the investigation of the relation between dropsy and the retention of chlorides in the tissues, many valuable observations having been recorded by Widal and Javal and other French writers.

It has been shown in a definite manner that the question of chloride ingestion and retention has a very important influence on the production of anasarca. It has also been demonstrated that in health an excessive ingestion of chlorides may lead to an increase in the weight of the body, as a result of the tissues retaining more fluid than under normal conditions.

The following case, which recently came under my notice, takes us a step further, and demonstrates the fact that the taking of an excessive amount of chloride by a healthy individual may not only lead to retention of fluid in the

* Reprinted from *The Practitioner*, August.

tissues and a consequent increase in weight, but may be followed by well-marked œdema of the lower extremities.

The patient is a medical man, aged 40, who consulted me on account of œdema of his feet and legs. He had always led a healthy, active life. He had been abroad a good deal, but had never suffered from malaria, rheumatism, or any other serious disease. For many years, however, he had been troubled with varicose veins in his legs, but none of them have ever been thrombosed, and, until quite recently, he had not noticed any swelling and œdema of his feet and legs. At the time he first observed the œdema he also complained of a feeling of heaviness in his legs and slight weakness.

Being alarmed on account of these symptoms, and, having visions in his mind of cardiac or renal disease, he came to see me for an opinion as to the cause of the œdema.

I examined him very carefully but failed to find any sign of organic disease to account for the trouble. The pulse was 80, regular, and of normal tension. The cardiac impulse was in its natural position and the heart-sounds were normal. The liver and spleen were not enlarged, the kidneys were not palpable, and there was no ascites.

The knee-jerks were normal, and so were the plantar reflexes. There was no tenderness of either muscles or nerves.

The superficial veins of the legs were enlarged and somewhat varicose. There was no evidence of thrombosis of the femoral or iliac veins.

The inguinal glands were not enlarged.

The urine was of a natural colour, it was slightly acid, and it contained neither albumin nor sugar. The specific gravity was 1028.

Thus, not finding any cause for the marked œdema of his feet and legs, and remembering the importance which has been attached of late to the ingestion and retention of chlorides in relation to anasarca, I questioned him as to diet, and was astonished to find what an enormous quantity of salt he was accustomed to take with his meals. He admitted even taking salt with bacon and salt fish, and stated that it was no unusual occurrence for him to empty the salt-cellar both at luncheon and at dinner. I calculated that on an average he was taking from 300 to 600 grains of salt a day instead of the average 150 grains. That he was taking an excessive amount of salt was proved by the analysis of his urine, which was found to contain 1.86 per cent of chlorides, i.e., nearly three times the normal amount.

I advised him to decrease, at once, his daily amount of sodium chloride. This he did, but when I saw him about a

week after, he said he had become so accustomed to taking large quantities of salt with his meals, that he was no longer able to enjoy his food, and, that in consequence, he had been obliged to entirely reorganize his diet by substituting sweets and pastry for meat and fish. The salt was so necessary an adjunct to the enjoyment of his food that he stated he would willingly give up tobacco, sugar, and alcohol, but that salt he must have. He, however, agreed to cut it down as much as possible. At the end of a week, there was an appreciable decrease in the amount of œdema, and after three weeks it had almost disappeared.

Another urinary analysis was made at this time, and it was found that the sodium chloride had dropped to .98 per cent.

I have no doubt the œdema of the legs was due to the enormous chloride ingestion and consequent excessive retention in the tissues, through the inability of the kidneys to deal adequately with such large quantities.

Widal and Javal found that, in cases of interstitial nephritis, doses of sodium chloride up to 150 grains did not give rise to œdema, but, in cases of parenchymatous nephritis, the result was different, œdema being produced. They found that the chlorides were not excreted entirely, and that, as a result of their retention, the fluid in the tissues was retained. They further showed that, by increasing the amount of chlorides in the diet, the œdema increased, but, on the other hand, if the ingestion of chlorides was diminished the tissues were drawn upon for reserve chlorides, and, as they were used up, the œdema disappeared. They also demonstrated that there was a definite relation between the hydration of the body and chloride retention, by changing three men suddenly from a diet rich in chlorides to one almost devoid of chlorides, the result being a marked reduction of the body weight of four or five pounds. Unfortunately, I did not weigh my patient before and after the change in his diet, and so can express no definite opinion as to its effect on his body-weight. He himself was under the impression that he had lost weight as a result of the treatment.

* This case exemplifies the great importance of investigating and regulating the diet with regard to the chloride ingestion in cases of dropsy, not only from the point of view of treatment, but also of diagnosis. I have not been able to find a similar case recorded of a patient seeking advice for œdema of the legs, which proved to be due to an excess of sodium chloride in the diet.

The belief expressed by Widal and Javal, that the elimination of chlorides by the kidneys is a specialized function of these organs, offers the best explanation of the occurrence

of œdema of the legs in this case. It might be presumed that, for a considerable time, the kidneys had been able to deal with the excessive amount of chlorides presented to them for elimination, but it is equally reasonable to suppose that, sooner or later, there would be a limit to this overwork, followed by a breakdown if persisted in, and that it was a failure of this specialized function to continue at high pressure which led to an abnormal retention of chlorides in the tissues, and thus to the production of dropsy.

The chloride estimations were carried out for me by Mr. E. M. Lobb, to whom I am much indebted, in the Physiological Department at Guy's Hospital.

Apropos of the foregoing case by Dr. Bryant, we append an extract from the *Brit. Med. Journal*, August 12th, relative to the same subject:—

SODIUM CHLORIDE IN (EDEMA, ASCITES, AND PLEURAL EFFUSION.

G. ZAMBELLI (*Il Morgagni*, May and June, 1905) describes an investigation of the part played by sodium chloride in the production of œdema and of serous effusions. A discussion of the opinions maintained by other writers precedes the consideration of the experimental results obtained in twenty-one cases of diseases attended by œdema, or by some form of serous effusion. Many of the experiments recorded are of the following type: A man, aged 18, suffering from chronic parenchymatous nephritis with œdema of the lower limbs, was observed for fifteen days, fed on milk, eggs, and salt broth, and treated with agurin. He passed about 1,000 ccm. of urine daily, containing 6 to 7 parts of albumin per 1,000. A daily estimation of the chloride ingested and excreted was then started and carried on for six weeks. For five days 9.9 grs. of sodium chloride were taken daily. Only about three-quarters of that amount was excreted. The albumin was 7 to 9 parts per 1,000, and the œdema was stationary. Then the agurin was stopped, and for twelve days only 5.8 grs. of sodium chloride were taken daily, the diet being confined to 2½ litres of milk, without eggs or broth. During this time the daily excretion of sodium chloride was from 7.3 to 11.9 grs., the body-weight fell, the œdema disappeared, diuresis increased. Then for nine days, the diet being unaltered, except by the addition to the milk of 5 to 10 grs. of common salt, the opposite processes were observed. The urine fell to less than half its former quantity, the body-weight increased, œdema returned, and the elimination of sodium

chloride fell to 7 grs. daily. Again the daily ingestion of salt was reduced to the 5.8 grs. contained in the $2\frac{1}{2}$ litres of milk. Diuresis set in, œdema disappeared. About 10 gr. of sodium chloride were excreted daily. The patient became intolerant of the milk diet, and equally good results were obtained from a diet of bread and milk with or without theobromine. The author considers that a milk diet is too rich in sodium chloride for some cases of nephritis, and recommends eggs and meat taken without salt. He attaches great importance to the use of diuretics, especially theobromine, which he prefers to agurin and diuretin. In œdema of cardiopathic origin also Zambelli recommends a diet as free as possible from sodium chloride, and finds that in some cases cardiac tonics have little effect until diuresis has been promoted by diuretics, and by a diet approximately free from chlorides. In ascites of hepatic origin the author finds the same retention of chlorides, and recommends diuretics and a chloride-free diet, rather than early and frequent paracentesis. Similar advice is given with regard to peritoneal effusions resulting from tuberculosis, and with regard to the effusions of sero-fibrinous pleurisy.

A DECIDED LIFE.

As a conclusion to some "opening remarks" by the Dean of the Hahnemann Medical College of the Pacific at San Francisco, Dr. James W. Ward, on May 31st, we quote the following inspiring words, which should be held before every homœopathic practitioner as his guide and source of greatness.

"These few thoughts embody in the most impressive form my belief that to act with enthusiasm and faith is the condition of acting greatly. To fight out a medical career, one must believe something and work for something with all one's might. So must it be to carry anything else to an end worth reaching. This life must carry with it a willingness to commit itself to a course, may be long and hard, without being able to foresee exactly where it will come out. All that is required, is to go some-whither as hard as everyone can. The rest belongs to fate. One may fall at the beginning of the charge, or at the top of the earthworks, but in no other way can he reach the reward of a victory."

THE CALCUTTA HOMŒOPATHIC HOSPITAL.

It has been with great anxiety that we have been watching the progress that the scheme of a homœopathic hospital has been making since the day the appeal was sent out to the public for this purpose, signed by no less than seventeen

members of the homœopathic profession of Calcutta. It was indeed a very auspicious day when this appeal was sent out, for the 10th of April was the anniversary of the 150th birthday of Samuel Hahnemann, the founder of homœopathy, and it has given the promoters of the enterprise no mean pleasure to find that many of the most noble-hearted gentlemen are quite alive to the fact that a homœopathic hospital is an absolute necessity in this city of Calcutta.

We are proud to be able to state that our pioneer nobleman Maharaja Sir Jotindra Mohan Tagore has himself consented to be the patron of the Institution, while such distinguished men as the Honourable Mr. Justice Saroda Charan Mitra, Raja Peary Mohan Mukerjee, Babu Norendra Nath Sen, Kumar Dinendra Narayan Ray, Honourable Moulvie Serajul Islam Khan Bahadoor, Mr. A. F. M. Abdur Rahman, Shamsul Ulama Moulvie Ahmed, Mr. P. N. Mukerjee, Rai Pashupati Nath Bose Bahadur, etc., have volunteered to work for the furtherance and completion of this noble work. The very fact that it has given rise to a great deal of controversy and criticism among the public, as we find from the daily papers of Calcutta, shows that it is a proposition of some great importance. Many of the leading papers of the city have been writing on the subject in a most favourable way. Among these, the editorials that appeared in the *Statesman*, the *Indian Mirror*, the *Bengalee*, the *Indian Nation*, and the *Telegraph*, are worthy of note.

It may be that the appeal that was published has not reached all the readers of our paper. We therefore publish it in full here for the enlightenment of, and to receive support from, the homœopathic fraternity all over the country.

"In this great city of Calcutta, the metropolis of India, where homœopathy has made so much progress within the space of such a short time, the need of a public charitable institution for the furtherance of its cause has been felt for some time, and it has been hoped that this long-felt want would be supplied in the fulness of time. Many eminent men have worked in the cause of this new system of medicine, but a homœopathic hospital is yet an unaccomplished fact. The members of the homœopathic medical profession and the number of patients also are daily increasing, but as yet nothing has been done to give homœopathy a permanent habitation in Calcutta.

"The beneficent effect of homœopathic medication is recognized by the rich and the poor alike, but many among the latter are prevented from having recourse to it on account of their poverty. The princes and nobles of this country have done much towards the establishment of many charitable institutions with their characteristic generosity and munificence.

May we not venture to hope that the claims of homœopathy will enlist their sympathy and appeal to their generosity?

"We may here quote a few words of the Hon'ble Mr. Justice Mitra, who presided at the last distribution of prizes to the successful pupils of the Calcutta School of Homœopathy: 'That homœopathy saves life and relieves suffering, there can be no doubt. . . . If homœopathy can afford such relief and save life, the more we have of homœopathy the better. But unfortunately for India, and unfortunately for the town of Calcutta, there is no proper place for the treatment of the poor. A hospital is absolutely necessary for the town of Calcutta.' It is therefore in the hope of removing this long-felt want that we venture to appeal with some confidence to the generous public for help towards the establishment of such an institution. In this connection it is necessary to state that we shall require about one lakh and fifty thousand rupees to start with."—*Indian Homœopathic Review*, June.

THE PERSONALITY OF THE PHYSICIAN.

EVERY year—almost, indeed, every month—some new drug is added to the armamentarium of the physician, with the endorsement that it is to all intents and purposes a sovereign remedy for a certain disease, or if not that, yet that it is capable of so modifying the pathological processes that it will greatly alleviate the symptoms of which the sufferer complains. For a little while the new drug may seem to work wonders, but sooner or later—and it is generally sooner rather than later—the power wanes, the potency diminishes, and it is dropped out of use, while another remedy takes its place.

Yet, stronger than these new remedies (says a writer in the *Westminster Gazette*), more potent than the old ones, there is a curative power to which it has been reserved for a physician of our own time to draw attention. This power has been called "The personality of the physician" by Dr. Alfred T. Schofield, who makes it the sub-title of his last book, "Unconscious Therapeutics." It is curious that this fact, which has been recognized by physicians through all the centuries, should be only stated in terms in this year of grace. Hippocrates wrote three-and-twenty centuries ago, "Our natures are the physicians of our diseases," while Galen declared, "The physician is the minister of nature," and with Galen "physician" did not mean the druggist. The remarkable thing is that this power may be made to act not only consciously but also unconsciously, and it probably acts most

powerfully in the latter manner. In this way it is distinguished from efforts at direct suggestion or any form of hypnotism. The personality of the physician affects the patient in various ways, often without the knowledge of the doctor or the patient, and this through the medium of what Dr. Schofield calls "the unconscious mind."

It is probably difficult for most people to realize that they can and do have two parts to the mind. A very simple physical fact, however, will help to illustrate this. Every bone in the body is made up of two portions. You may dissolve one out by acid, and the bone still retains its shape, though it becomes flexible. You may burn out the other portion in a fire, and the bone still retains its shape, but becomes quite brittle. It is the intimate correlation of the two parts which gives the bone its particular qualities. The unconscious mind may be acted upon consciously or unconsciously. To do so consciously hypnotism may be required, but it is done unconsciously by people every day of their lives.

There is a certain artist at the present time who has an unsought-for popularity, because people say that whenever he is present he makes them feel better. He has highly developed this healing influence, this power of being what Dr. Schofield has called a "centre of health." And it acts quite unconsciously to himself. Just as there are places which are centres of infection, so there are doctors who, from ignorance of the power of their personality, may possibly become agents for evil on account of their depressing and gloomy temperament, and thus manufacture hypochondriacs unconsciously. These men are the antitheses of their fellows, who, of a cheerful and sanguine disposition, benefit or cure the patient by infusing faith and hope by their words and personality. There are also some physicians who would declare a patient perfectly well because he exhibits no physical signs of disease, yet he may suffer acutely, for a disease of the imagination is quite different from an imaginary disease, and may cause considerably more misery than organic disease.

As an antithesis to this, and an example of how the personality of the physician, acting through his mind on the patient's physical state, can affect such a disease, Professor A. Ford relates that he attended a patient who had been suffering uninterruptedly from headache for two years, acquired as the result of another physician's assurance that it was an inheritance from his father. Professor Ford assured the man that headaches were not an inheritance, and could easily be cured. At once the man lost, through the good words of the physician, the pain which he had acquired merely through

bad suggestion of another practitioner. What, in the old doctors, used to be called "a good bed-side manner," is, no doubt, in part the action of this unconscious force which, Dr. Schofield points out, is not taught to the student, who may spend a thousand pounds on his education and be *au courant* with all the latest refinements in the methods of research and treatment, and yet be wholly ignorant of the value of himself in his relation to the cure of the patients who come to him; for, as Sir William Gull once remarked, "In clinical medicine the welfare of the patient, and not scientific aims, is alone before the physician"—a statement which might well be impressed upon the practitioners of to-day, for they by no means always remember this fact, though its all importance to the patient is so obvious.—Editorial from *Indian Homœopathic Review*, June.

THE FOLLY OF DISSEMBLING.

UNDER the above title, the following appears as an editorial in the *Medical Brief* of August. It requires no comment on our part, but simply quotation.

"Some people have an idea that they must pretend to be something that they are not. Never was there a greater mistake. Hypocrisy is repugnant to every normal mind, even if it be practised in the cause of so-called ethics. Just be honest and sincere and the rest will take care of itself. Accept yourself as you are, and make the most of your opportunities.

"A man need never be ashamed of his trials and mistakes. He scarcely realizes how they interest and encourage people who have suffered in the same way, never suspecting that others shared in their weaknesses and errors. When a man finds out that his own qualms and doubts are the common lot of all, he is helped by the thought that he may expect to find a way out, just as others have.

"Many people have an impression that, in order to be popular, one must be insincere, must profess what one does not feel, say what one does not think. Few intelligent persons can be imposed on in this way. Simplicity, sincerity and poise make more friends than meaningless flatteries or back-boneless deference.

"The man who means what he says, and says what he means, is the man who is respected and trusted. People know what to expect from him, and where to find him. A man cannot pose for long. He is sure to be found out, and then he sinks in the estimation of others to a greater depth than if he had not tried to elevate himself by false pretences.

"A master of diplomacy once said that the most successful

way to fool people was to tell them the truth. The late P. T. Barnum, of circus fame, took advantage of this in advertising his summer home for sale. He enumerated all its disadvantages in graphic terms, winding up with the statement that mosquitoes were so bad no one could live there. Everyone was amused, but no one believed him for a moment.

"To be sincere, therefore, is to be strikingly original, and that is always welcome where so much is hackneyed. *Sincerity is like a cool hand on a fevered brow, or like a cup of cold water to one athirst.* It is soothing and grateful. It calms the mind and satisfies the heart.

"There is a chord in every human being which vibrates at the touch of sincerity. It is sincerity which gives the thrill to eloquence. It is the note of sincerity which moves the crowded audience to enthusiastic response. Without sincerity a man may discourse learnedly, or make flights of oratory, but it will all fall flat.

"To be sincere, a man must do his own thinking. His beliefs and acts must be based on conclusions which he has reached by his own mental processes. He must have courage to take his stand, and hold it until he gets more light. He must think well of his fellow men, and bear them good-will, for then it is easy and natural to be sincere.

"Dissembling is always folly, however we look at it. In the first place, it never imposes on anyone for long, and then it hurts and hinders the upward development of the man who practises it. The experiences of life tend to raise a man if he will only keep his eyes open and learn to think. It is an anachronism and an irreparable mistake for a man to 'play possum,' to try to throw dust in people's eyes, or to pretend to be other than he is."

In another editorial the following appears, which we likewise quote:

"At one time it was considered treason by the Church for a man to do any thinking for himself in religious matters. It was impressed upon him that he had no right to think except as the Church taught. The same idea prevailed in the State—the old monarchical idea that man was a subject, and had no right to do any independent thinking in politics. A dissenting opinion in matters of Church and State was heresy and treason, entailing the severest punishment.

"To some extent the same idea is being promulgated in the medical profession in this age of the world. The doctor is being told that he has no right to think except as the profession thinks, and by 'the profession' is meant some half-dozen self-constituted leaders, who do the thinking for the profession.

"But, fortunately, it is rather late in the day to promulgate such an idea successfully."

THE WAY TO LOOK AT STATISTICS.

WE have not infrequently to quote the excellent leading articles in the *Times*, and the following editorial in that influential paper of August 7th is worth quoting from an outside and unprejudiced point of view. Well may the Editor remark that Professor Mandello's paper "contains much matter for reflection, not only on the part of the members of the institute, but of the public generally." It will be read with interest by our colleagues and the public, and may be taken to heart by our opponents of the old school. Were they to judge homœopathy fairly, as the Editor and Professor Mandello suggest their doing to every question that comes before them, the truth and the facts of homœopathy would have a better chance of being listened to, and taken in, than they are at present. (Eds. *M.H.R.*).

"The Congress of the Institute of International Statistics has come to a close after a pleasant week and some instructive discussions. Several of the papers were, it must be owned, somewhat thin, and, in a scientific point of view, of no great value. Few, if any of them, were perhaps of the highest order of statistical work. But several were of distinct value, and from the discussions—the friction of trained minds with diverse experiences—were elicited many points of light. One paper in particular, to which our special correspondent referred, on "The Future of Statistics," by Professor Mandello, contains much matter for reflection, not only on the part of the members of the Institute, but of the public generally. In regard to statistics there prevail two or three superstitions, and never had they more vitality than at present. The first of them is that anyone can handle figures. He who can read and write is supposed to be quite competent, without any special discipline or instruction, to understand and manipulate statistics and to draw conclusions from them with safety. He may know nothing of the theory of the matter; he may use figures in a wholly uncritical spirit; he may be ignorant of the pitfalls in his path; he may be the victim of fallacies which are pointed out in every treatise on the subject; he may treat as units things which are really different and separate; he may assimilate groups unlike in all but name. But one man is supposed to be as good as another in statistical investigation. Accordingly we have masses of platform statistics made up for popular consumption; intended to support some private or party interest; compiled often on the simple principle of omitting everything which does not favour a predetermined conclusion; at best treated with no adequate appreciation of the difficulties of interpretation. Professor Mandello puts the point too

bluntly in remarking that, when people say 'figures lie,' they forget how often 'liars use figures.' The notion that any one who can count his own fingers is a potential statistician never was more prevalent than at present.

"Scarcely less mischievous is another superstition: that a trained statistician can handle any kind of figures with safety and intelligence. He may pass, it is assumed, from figures as to births and deaths to figures as to the state of crime or pauperism, the variations in the prices of wheat, or the circulation of specie. By some power of divination he can extract the hidden meaning of masses of figures, whether they relate to the weather, the movements of trade, or the effects of vaccination. Experience shows the fallaciousness of this belief. The statistician who is ignorant of the subject-matter, who is unfamiliar with its intricacies, and cannot penetrate beneath names, will be hopelessly at sea when he touches the causal nexus or interdependence of facts; he will either commit blunders, or will confine himself to trite and obvious comments. He may be gifted with the highest powers of mathematical analysis; it will not compensate for his ignorance of the facts. It is to be feared that this is lost sight of by advocates of what naturally occurs to those acquainted with the imperfections of amateur statistics—viz., the establishment of a Government statistical bureau, which is to be a universal provider of figures. We do not charge Professor Mandello with being the devotee of this superstition when he suggests that busy people should be able to write to some 'office' and get, gratis or for a fee, trustworthy information. But his ingenious proposals do not sufficiently take into account the inability of those who do not know the particular country or region of observation to give trustworthy information, and the impossibility of any office, even if every one in it was a Quetelet, a Cournot, or a Lexis, possessing the knowledge requisite for satisfying the varied demands to which Professor Mandello refers.

"There is a third superstition, perhaps as common as either of the other two: the belief that one set of figures is as good as another, or that all figures found in print are equally to be trusted. It is probably true that the technique of collecting, tabulating, and collating *data* is the most advanced part of statistical science. But very much has still to be done. Even in this country, and in regard to matters as to which there exist no motives conducing to inaccuracy, it is common knowledge among close investigators that figures quoted as authoritative may be open to the gravest doubt. Things really unlike are lumped together, either because it was impossible to distinguish them, or because the returns

were made carelessly or ignorantly. In many countries such difficulties in the way of accuracy are much greater than with us; some official figures, though honestly collected, are open to grave suspicion. It would be invidious to go at this point too much into particulars; but it is a fact of which experts will need no proof, that some of the imposing rows of figures appearing in the publications of certain States are to be regarded as of a low grade of quality, little better, it may be, than sanguine estimates or honest aspirations. Professor Mandello, alarmed at the prodigious and increasing output of statistics, asks the question, 'Is the publishing of so much statistics necessary?' Ought there not to be a certain degree of self-restraint in printing them? That is a difficult, many-sided question; what is clear is that a vast mass of figures, and some of them designated 'official,' are much too dubious in quality, collected by too imperfect machinery, to be put forward as more than guesses or estimates."

HAY FEVER, CHRONIC RHINITIS, AND ASTHMA.

APPROPOS of the letter from "F.R.C.S.," which we quoted on p. 488 of our August number from the *British Medical Journal*, we append the following, which appeared in the same paper for July 29th.

"SIR,—As I have had an experience very similar to that of 'F.R.C.S.' in this matter, I should much like to say a word. I was never cauterized or treated in any respect surgically like 'F.R.C.S.,' but I was very kindly, but quite futilely, advised by my colleagues of the profession. Their kindness made a great impression on me, and I am not likely to forget it; but neither, alas! am I the futility of their advice. I have sneezed as many as twenty times in three or four paces while walking, and have been obliged to stop walking while the paroxysms lasted. I have sat up for three weeks, night after night, because I could not lie down. I have been awakened by paroxysms of asthma and difficult breathing. Being of a nervous temperament, I suffered, it is no exaggeration to say, even fearfully from paroxysmal dyspnoea; in fact, although I have had a large experience of sickness of all sorts now, extending for over thirty years, and have seen many cases of asthma, I have never seen any one suffer so much as I have done myself in past years. All this is a thing of the past. I have had no asthma and no hay fever now for many years, and I should be ashamed to have them; in fact, if I have a cold I am ashamed now; I know it is my own fault, not the fault of the weather nor of the climate

in which I live, although a kindly and well-meaning colleague told me I ought to leave the bleak cold clay soil and hard climate in which I live. The climate has not changed, but I have. Neither was it the fault of my ancestors, although I have always been a delicate man. Still I have been sound enough to pass for insurance at ordinary rates. What, then, was the cause of my repeated asthmas, hay fevers, bronchitises? Nothing but too much food; especially too much bread, puddings, and sugar—the things I am particularly fond of, the foods out of which our friends the women make their cancer, poor things, at least in my humble opinion; and having made careful and repeated enquiry into this matter, I think I know. And the cure—well the cure is, as ‘F.R.C.S.’ says, to take less food (I never ‘drank,’ for though not quite a teetotaller, I have been a practical abstainer all my life). Let no one who has asthma eat more meals than two a day. Let him have no solid food after 2 o’clock, and as a rule, when he has fairly established this habit, he will have no more asthma (and no more insomnia). If that is not sufficient to cure him (but in nine cases out of ten it will be sufficient), let him eat once a day a meal of mixed diet—not more than 12 oz. of mixed food—and he will be cured; at least, I have yet to see the case that will not be cured; of course, supposing that no insurmountable emphysema or secondary chronic or tuberculous pneumonia has set in.

“Professor Chittenden deals with this question from the physiological standpoint. But he only says from the physiological standpoint what for many years I have been saying from the clinical standpoint, and what I have succeeded in emptying my consulting-room by declaring: ‘The average man and woman eats—not a grain or two too much, nor an ounce or two too much, but two or three times as much food as he requires;’ and this is the chief cause of illnesses.—I am, etc.,
M.D.”

July 18th.

HÆMATEMESIS OF HYSTERICAL ORIGIN.

GARDINI (*Clinica Moderna*, May 24th) gives an account of a case of severe hæmatemesis for which gastrotomy was performed, and which was afterwards recognized as being hysterical in origin. The patient, a young woman of twenty-three, had already had different attacks of anæmia, neuralgia, and amenorrhœa; she had also suffered for about six years from gastric symptoms, which led to the diagnosis of gastric ulcer. During a period of more than five months she vomited blood

almost daily, and often more than once a day. She experienced a feeling of malaise and distension, as well as vertigo and tinnitus; she also had amenorrhœa. Six months in bed on a strict diet did little good, and subsequently the patient came under Gardini's care. In spite of further prolonged treatment, which included rest in bed, drugs, diet, and for a time rectal feeding only, she had recurrences of hæmatemesis, and it was considered advisable to operate for gastric ulcer. Several observers have shown that in animals some lesions of the central nervous system result in gastric hæmorrhage, and have found this observation confirmed in man. Thus, Füratner points out that gastric hæmorrhage in hysterical girls often has a purely nervous origin, and Krueg has seen it occur in general paralysis of the insane. Hæmatemesis is also encountered as a form of vicarious menstruation, and has a relationship to the menstrual periods, as well as to emotional and constitutional disturbances, and injury. In these cases the hæmatemesis replaces the ordinary hysterical attacks, and does not respond readily to the usual curative methods. Laparotomy having been performed, the stomach and pylorus were carefully examined, and as no adhesions and no trace of ulceration could be detected, an incision 10 cm. in length was made in the anterior wall of the viscus and the mucous membrane examined with the finger. It was found to be turgid, hypertrophic, and of a red colour, but there was no apparent cause for hæmorrhage. The stomach having been closed with Lembert sutures and the abdominal wound stitched up, the patient made an excellent recovery from the operation. A fortnight afterwards she was able to take some solid food, and fifty days afterwards she left the hospital cured. She has had no further symptoms; she eats ordinary food and digests it perfectly; she has gained in weight. Her menstrual periods were re-established soon after the operation, and she has had no hysterical attacks. It is evident that this was a case of hysterical hæmatemesis cured by operative interference.—*Brit. Med. Journal*, Aug. 12.

WARTS AND CORNS.

THERE is no remedy, in the treatment of warts and corns, so efficacious, so simple, and so free from any discomfort in application, as sea water. For many years I have used and recommended this treatment, after finding that corns, which had quite crippled me, disappeared entirely during a three weeks' stay at the seaside, when I bathed twice a day, staying in the water from ten to fifteen minutes each time. Since then, whenever there has been any threatening of return, I

have followed the same course of sea-water treatment, either by bathing or paddling, with similar benefit.

Every one who has carried out this treatment, at my suggestion, has found equal relief.

Those sufferers who live near the sea are able to adopt and carry out this method easily. To those who are not able to obtain the use of sea water directly, I recommend the use of "sea salt," dissolved in warm water, in such proportions as to raise the specific gravity of the bath to the level of sea water, such bath to be used every day, and twice a day, if possible, until the corns are softened and can be peeled off easily, as they almost certainly will be at the end of a fortnight.

Warts are treated in the same way. The hand or hands affected are placed in warm sea water or the solution of sea salt twice a day for at least ten minutes at a time.

Warts on the scalp of cauliflower form, even of considerable size, will yield to this method of treatment (though not so quickly as those on the hands). They are best treated by the application of a compress of sea water, which may require to be maintained in position by a bandage, and left on all night.

I have lately had two cases of cauliflower warts under treatment. The first was on the back of the hand of a child; warm sea water was used, as above directed; at the end of one week the stem was shrinking, and at the end of the second week the wart dropped off. After the lapse of a few weeks I examined the hand, and could find no scar or any other mark to indicate where the wart had been. In the second case the wart was on the scalp of an adult of middle age; it was about $\frac{5}{8}$ in. in diameter, and projected $\frac{1}{2}$ in. from the surface of the scalp. This was treated with a compress of sea-salt solution, and in the course of a few weeks it was completely dislodged; the scalp is now quite natural, only a faint red mark indicating the position which the wart had occupied.

Of the minor ailments to which we are subject, there are few which can give more acute bodily suffering, and exert such demoralizing an influence on temper and disposition, as the presence of corns on the feet. Moreover, there are conditions of life in which corns may materially interfere with the efficiency, not only of the individual, but of a body of men; for instance, the marching power of a regiment might be very seriously impaired if any considerable proportion of the men suffered from this cause.

Bearing these things in mind, I am induced to put before my professional brethren my experiences in the treatment of warts and corns, hoping I may thereby be the humble means of contributing to the relief of many sufferers.

Chichester.

ARTHUR EVERSLED.

Brit. Med. Jour., Aug. 12.

HAHNEMANN ANNIVERSARY.

THE following Editorial from the *Calcutta Journal of Medicine* for June, is interesting as coming from India.

"We celebrated the 150th birthday anniversary of the renowned Hahnemann, our great Master. It has been questioned in orthodox quarters, whether Hahnemann is the master of the homœopathic practitioners? Does homœopathy owe its existence to Hahnemann? There is the Master of the Rotunda Hospital at Dublin. But he cannot be said to be the Master of the accoucheurs and gynœcologists. All systems of medicine have taken their birth and first progress from one man. The Kaviraji system originates from the sage Varadwaj. The Yunani from Avicenna. The allopathic or heteropathic from Hippocrates. Homœopathy from Hahnemann. There might have been inceptions or conceptions of feeble nature previous to these organizers by persons who had not the benefit to create a system of practice of medicine. It is said that the sage Varadwaj received his instruction from the god Indra. Here we are transferred to the domain of myth from the marvel of scientific thoughts. Leaving the consideration of the old systems we come to the new, which has reorganized the ancient practices.

Homœopathic law may be traced from the days of Varadwaj. In the Charak Samhita, the oldest medical work, dating its origin about four thousand years before Christ, passages are found which clearly prove that the idea of *Similia* existed even then, in the treatment of diseases. One of them is significant. It occurs in the *Nidan Sthanam* or chapter on the causation of diseases, thus: (here comes a sentence in an Indian language, which we, of course, cannot understand.—Eds. M.H.R.).

One of the annotators explains it in the following way: (here follows another sentence in an Indian language.—Eds. M.H.R.)

Here cure means, the application of medicines to produce comfort according to the principles of, opposite to the cause, opposite to the diseases and opposite effect-producing medicines.

The annotator says that the first principle, opposite to the cause, means diseases which have been derived from cold to be treated by heat; the second, opposite to the disease, means as in fever, the use of bitter tonics which can destroy fever; and thirdly, opposite effect-producing medicines means the application of purgatives in severe forms of diarrhœa. The last therapeutic principle, the modern annotators unanimously call the law of homœopathy. It will be seen that no difference of opinion exists from which doubt can be entertained that it is not the homœopathic law. The principle has been

enunciated. The use of the dose of medicine has not been prescribed.

Leaving aside the authority of Hippocrates or other subsequent writers on the laws of medicine, the source of homœopathy can be traced almost from the beginning of the neolithic days, when the social order was formulated for the first time. The extensive therapeutical application of remedies on the principle of homœopathy was codified by Hahnemann. It must be said that from him we enjoy the benefit of the modern system, and to no one else. For this reason he is our Master and will ever remain so.

Our method of celebration of the birthday of Hahnemann was a sympathetic duty. It was not a toast-business. It was not a post-prandial speech. The Indians as a rule eat to live, and do not live to eat. Our lunches are not for show, they are a necessity. With us a king does not precede in honour a man of learning. Therefore our salutation does not begin with king. The ingrained principle is (here follows another sentence in an Indian language.—Eds. *M.H.R.*) A man of learning and a king can never be equal. A king is worshipped in his own country, but a learned man is worshipped everywhere.

We honour a hero of letters or science. We also glorify the land we live in.

Mother and the birthland are superior to the heaven. The feeling of loyalty is innate with us. It is personal. It does not require a public manifestation. Hero-worship and the worship of the motherland are taken as our religious celebrations. We are now gradually drifting from the old word motherland, to adopt the new, fatherland. The reason is obvious. The western nations do not think of holding a Hahnemann anniversary every year. With them it is occasional. To us it is an annual festivity. Hahnemann has become our national hero.

Hahnemann was born on the 10th April, 1755, and died on the 2nd July, 1843. We celebrate his birth anniversary and do not commemorate his death. We rejoice in his birth and set apart the day of death, manifesting no sign of sorrow. If we rejoice in his birth, then we should express our mourning on the day of his death. There would be consistency in our action. Men generally take up and tenaciously hold an idea as a matter of paramount importance, without observing relevancy in their method.

The year 1905 is the centenary of the battle of Trafalgar. Men are not wanting who would celebrate the occasion recalling that barbarity of human slaughter. The centenary of the battle of Plassey was noted in a different way by the

Friend of India in 1857. The Sepoy Mutiny was hinted at in a way which drew the warning of the Government of India.

St. Andrew's dinner finds sympathy in the heart of every Scotchman, though the occasion is not one of particular appreciation by Englishmen. The event is of ancient origin and both nations enjoy the occasion. There are few famous persons among Europeans who, as national heroes, are receiving annual ovations. The significant occasions are celebrated, but not the birth or the death of the man who performed the celebrated deed.

In that view of the fact, we would be justified to celebrate the anniversary of the year when the law of homœopathy was promulgated for the first time. If the translation of Cullen's *Materia Medica* by Hahnemann be compared to the fall of the apple, which led to the discovery of the law of gravitation, it can be said that the law of similars finds its first recognition in 1790. It was a silent acknowledgment.

The distinct pronunciation of "*Similia Similibus*" comes in 1796, though the idea was possessed by him in 1790. In 1796 he wrote in Hufeland's *Journal*, "*Essay on a new principle for discovering the curative power of drugs.*" It has been reproduced in the *Lesser Writings*. The passage is the following: "*We should imitate nature, which sometimes cures chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; similia similibus.*"

The centenary of the new application of the law of similars should have been celebrated in 1890. The year 1905 marks the 150th birthday anniversary of Hahnemann. That of the application of the therapeutic law of similars, it is the 115th year. This period signifies the existence of the new school. In other words, Hahnemann could find his way to apply the action of the similar remedies to cure diseases in his thirty-fifth year. That marks the brilliancy of intellect of our medical hero and master.

After all, it is certain that the distinct individuality of Hahnemann has made homœopathy what it is. The law existed from the ancient days of Charaka, but the application in its profusion and renovated state was absent. There was the meagre hint for its application; without micro-posology that hint lapsed into the domain of darkness. *Similia* remained an idle talk from the dawn of society, but no one tried to apply the law on the basis of pathogenetic provings. The glory of Hahnemann rested on the solid basis of facts, consisting of drug pathogenesis and micro-posology, which could help to fulfil the benefits of the law of *similia*. His

verdict was *similia similibus curentur*, in contradistinction to *contraria contrariis curentur*. This is the homœopathy of the present day, as distinct from the hazy neglected formula of the old *similia*.

A CASE OF HÆMORRHAGIC DYSENTERY.

By DR. HEM CHANDRA RAY CHAUDHURI, L.M.S.

BABU—, aged 54, residing at Sankaritola, East Lane, was attacked with dysentery on the 19th April, 1904. The stools were mostly mucus tinged with blood. Nausea and vomiting of bile usually accompanied the colicky pains. Colic of severe character, as to force cries and tears, always preceded the stools. The location of the colicky pain was in the left hypogastric region. The attack came on suddenly without any premonitory symptom. Temperature in the morning was 101·8 F. Ipecac. 6 dec. dilution. Evening temperature 102·4.

20th April. There were sixteen stools day and night during yesterday. The stools gradually changed into more blood than mucus. The last few evacuations were only bloody in their character. The colic in the left hypogastrium was severer than yesterday. The pains seemed to begin in the left hypogastrium and proceeded to the end of the descending colon and the sigmoid flexure. Coloc. 6 dec. The morning temperature was 101. In the evening, it rose to 101·6.

21st. Yesterday the stools reduced to five in number, though they were mostly bloody. The colic became less tormenting. Morning temperature 98·6. Aco. ferox 1 dec. The evening temperature was also 98·6.

22nd. Had four stools yesterday. The quantity of blood decidedly lessened. The colicky pains remained, but they considerably mitigated their severity. Temperature in the morning 97·8. Aco. ferox 1 dec. Evening temperature 98·2.

23rd. Had three stools yesterday, mostly mucus, mixed with blood. No medicine was administered. No temperature was taken as it reduced to subnormal state.

24th. Two stools were passed yesterday mixed with blood. The colic almost disappeared. Nux cortex 3 dec. dilution.

25th. Had one stool yesterday, but it was mixed with blood and mucus. The fæces were rather of a compressed form. Nux cortex 3 dec.

26th. Had one stool yesterday mixed with blood and mucus. The blood and mucus were passed first, and then the stool followed. Nux cortex 3 dec.

27th. Had one stool yesterday, without blood and mucus. Nux cortex 3 dec.

Remarks.—This attack of dysentery happened with myself. Ipecac. was taken as the colicky pains were sometimes attended by nausea and vomiting of bile. Coloc. reduced the distressing colic but could not produce any further effect. Aconite ferox could check the fever and reduce the quantity of blood. I have used Aconite ferox for a long time in cases of dysentery with marked success. The significant character of *A. ferox* is to lessen the number and to change character of the stools, which *A. napellus* cannot. *Nux cortex*, or the tincture of the bark of *nux vomica* as distinguished from that of its seed, gave the finishing touch of cure. It has often proved successful in diminishing or checking the ejection of blood in dysentery and giving formed stool. I use the name *nux cortex* to prevent confounding with *angustura spuria*. Serious doubt is entertained whether the last medicine can be said to be identical with the bark of *nux vomica*. The tinctures of *aconite ferox* and *nux cortex* were prepared by myself, and it can be said that they have given satisfactory results.—*Calcutta Journal of Medicine*, June.

FEEDING UP AFTER INFLUENZA.

IN an Introduction to a Discussion on Influenza, by Dr. Clifford Allbutt, reported in the *Brit. Med. Journal* of May 6th, the following passage concludes his remarks:—"As regards this long, tedious depression and misery which follows, all I would say is, that I think it is very much shortened by what I may call a non-toxic diet. To dispel it affectionate wives keep their husbands up with beef tea, feed them at short intervals with chops, bring out the old brown sherry, and so forth. Now, if all this loaded diet is cut off, and the patient put on a diet clear of purin bodies and much nitrogen, such as milk, custards, and the like, especially leaving out meat, I am quite sure that the misery and depression of the convalescence from influenza will pass off much more quickly."

"ERRORS DEPENDENT ON TREATMENT" IN THE OLD SCHOOL.

IN an address on "Errors in Diagnosis in Medicine," by J. R. Bradford, M.D., Professor of Medicine in University College, published in the *British Medical Journal* of June 10th, the following passage occurs:—

"ERRORS DEPENDENT ON TREATMENT."

"We must also, I am afraid, admit that some of our errors in diagnosis are dependent on our treatment. It is well recognized that some of the most disastrous errors in the diagnosis of abdominal diseases arise from the too-ready administration of morphine to relieve the pain, so that all the symptoms and sometimes even the signs of the underlying condition are masked.

"Belladonna is a drug which not uncommonly produces very marked symptoms in the course of its use in the treatment of disease. Thus, meningitis may be erroneously diagnosed in a case of phthisis, where the whole trouble is really dependent on the employment of belladonna administered to relieve the cough. Again, in Graves' disease the use of belladonna may produce excitement almost of a maniacal kind, and simulating very closely the profound psychical disturbance that is seen in the more serious forms of Graves' disease.

"Alcohol is not uncommonly pushed to an extent to produce coma, which is then regarded as dependent on the underlying malady, and sometimes anomalous symptoms may be dependent, as every practitioner knows, on the patient secretly obtaining some variety of alcohol."

Such "errors dependent on treatment" could never occur except in the old school, where morphine is so constantly resorted to to ease pain, masking the real state of the disease, as Dr. Bradford points out. So also with the large doses of belladonna which are thought necessary when belladonna is deemed as indicated antipathically. It is no mean praise to give to homœopathic remedies to say that they at least do no harm, even if they fail to accomplish the end for which they are prescribed (Eds. *M.H.R.*)

**A CASE OF PNEUMONIA CURED BY THE SINGLE
REMEDY.**

By J. N. MAJUMDAR, M.D.

SOME time ago, I was called to see an old lady suffering from fever about fifty miles away from Calcutta. All the members of that family were believers in homœopathy, but as good homœopathic doctors were not available at the place, they had to call the best doctor of the locality, who happened to be an allopath. But as the patient was getting worse every day, about the fifteenth day of the fever they thought a change of treatment imperative, and so they sent for me. When I visited the patient, she was in an extremely prostrated

condition; the pulse was frequent but feeble and thready. The temperature was 104. The tongue was furred, and the patient had great difficulty in putting it out. The teeth were full of sordes. The breath was horribly offensive. She had constipation at the beginning, but frequent purgatives had brought on a diarrhœic condition, and she was passing large yellow stools of semi-solid consistency. There was profuse expectoration of greyish matter, and both mucous and crepitant râles were audible over both the lungs, and she was lying in a soporous condition with occasional fits of consciousness, when she would ask for homœopathic treatment, as she said the strong medicines were killing her. After I arrived at the patient's house, I had to wait about half an hour before she regained consciousness. When she came to her senses, her joy knew no bounds at finding me sitting by her side, for I was their old family doctor in Calcutta. In fact, she began to shake so violently and the excitement was so great, that I was afraid she would get into a fit of unconsciousness soon, and it was with great difficulty that I could pacify her. She beseeched me to take her down to Calcutta. I assured her that we would do so as soon as she was able to stand the railway journey.

As this seemed to be a sadly neglected case, I took Nash's hint and gave a dose of lachesis 200 at once.

Then I left four more doses of lachesis 200, and four of phosphorus 30, giving instructions to repeat the lachesis the next morning, should the patient improve on that, but if after waiting twenty-four hours there was no improvement, then to give phosphorus, and not otherwise. As for diet, only barley warter or milk was enjoined, and the jug broth and the large paraphernalia of dietaries that was going on were all discontinued.

As the people were pretty good homœopaths, they observed my directions rigorously, and on the third day I had the report that the patient had steadily improved on the lachesis, and that there had been no necessity of giving the phosphorus.

Now I gave a few doses of placebo, and the patient made an uneventful recovery in the course of a fortnight.—*Indian Homœopathic Review*, June.

A CASE OF APPENDICITIS CURED.

By J. N. MAJUMDAR, M.D.

A TELEGRAPHIC message summoned me to the bedside of a patient of ours, who was staying about a hundred miles away from the city. She had been subject to uterine diseases

for many years, and the present illness was also attributed to an attack of metritis that she had about three weeks before I was called to see her. When I arrived she was indeed in a very critical condition. The pulse was exceedingly weak, almost thready, the temperature was variable, ranging from 101 to 103·8. She was utterly prostrated; the right side of the abdomen was a hard, swollen, and adherent mass, so much so that it was difficult to say whether it was peritonitis resulting from a pelvic cellulitis, or an ovaritis, or an appendicitis. The attending physicians were of opinion that nothing but an operation could save her life, and even that in the present state of the patient's health was not advisable. The lady doctor attending her declared on the day I arrived that the patient was in a much worse condition than she was on the previous day. She was getting weaker, and the inflammation was extending and suppuration was imminent. She said that there was nothing wrong with the uterus or the ovaries. It was about 1 o'clock when I arrived, and I gave her a dose of merc. sol. 30. But I learnt soon after that a local homoeopathic physician of great experience had been attending the patient, and had been continuing merc. sol. from the previous night without benefit.

I next prescribed psorin 400, one dose, as I was told that her breath was very foul, in fact, all the discharges were horribly offensive, even the stool and the urine too was horribly offensive.

About 9 o'clock in the evening the patient complained of feeling chilly, and the temperature went up quickly to 103·8, which alarmed the patient's family very much, for she had never had rigors before, and the attending physician had said that rigors would indicate the commencement of suppuration, and that would mean sure death.

I was hastily called into the patient's room, and found that the pulse was very quick and she was very restless. Acon. 3x, one dose. No improvement in two hours. She began getting weaker, and the pulse became feebler still; she also talked incoherently. Baptisia 30, one dose. No perceptible improvement, excepting that she did not talk nonsense any more. The temperature continued unabated, and the pulse in the same condition. About midnight it seemed that something must be done at once, or else the patient's life would be in danger in two or three hours. In fact, the people in the house began to despair of her life. She was in an agony of pain—extremely restless, calling for water, but unable to drink much; the pulse still in the same condition.

Arsenic 200, one dose. Two hours after, the temperature came down to 102, and it seemed to me that she was getting

slightly better, although the pulse, etc., still continued the same.

Placebo, one dose. Two hours later I found the temperature going up again.

Arsenic 200, another dose. Temperature began going down again. It came down to 101 and remained there stationary for about six hours. Arsenic 200 was repeated again.

In the morning the attending physician and the lady doctor both called, and declared that the patient was in a critical condition. Of course they saw the patient, and went away leaving all the anxiety of the patient on my shoulders, now that she was struggling between life and death.

But, thank God, by the afternoon the temperature began going down steadily, and by the evening it was 99. Night was the critical time for her, but this night she kept fairly well.

The next morning it seemed as if a storm had passed over my patient. She felt better in every way, and, what was more, on examination I found that the hard adherent mass had disappeared altogether, and there was only a lump about the size of a hen's egg that was situated about the middle point in the line drawn from the crest of the ilium to the umbilicus, and which was still very tender, the rest of the abdomen being perfectly soft and quite natural. Now there remained no doubt as to the diagnosis of the disease, or the efficacy of the arsenic. And nothing else in the world could have taken away all that inflammatory mass excepting the indicated remedy. The lady doctor, in her astonishment, declared that the effect of homœopathic medicines was wonderful, although she could not understand how such a thing as arsenic 200 could have brought about all this change.

In about three or four days the swelling and pain disappeared completely and the fever also, and the patient was completely restored to health. I have heard only yesterday that she has been keeping well since, but is still very weak.—*Indian Homœopathic Review*, June.

CLINICAL RECORDS.

By A. V. BHADURI, A.M.

DYSENTERY MISMANAGED BY ALLOPATHY AND CURED BY HOMŒOPATHIC TREATMENT.

CASE I. Babu Dhara, aged 65, came under my treatment in July 1899. It was a kind of dysentery, utterly mismanaged under allopathic and kaviraji treatments during a

period of no less than four weeks. The disease was accompanied by symptoms of a virulent type, calculated to be dangerous, and to prove fatal considering the age and the debilitated condition of the patient, and the length of time he had been suffering. In addition to the weakness of age the patient had been suffering before the present attack from *chronic dyspepsia*, of an indolent and obstinate character, accompanied with loss of appetite, alternate constipation and (morning) diarrhœa, flat taste in the mouth, etc. When I saw him for the first time, the evacuations were mainly bloody and forty-five times during the day and night. There was a persistent hiccoughing, each paroxysm lasting for about ten seconds, twice or thrice in a minute. The patient had been drained dry.

As he had been treated for nearly a month by an old allopathic doctor connected with a government medical institution, and also by a very distinguished and experienced kabiraj, both of whom had given up the case as hopeless, I was naturally led to take up the case with no inconsiderable amount of diffidence. One of my homœopathic friends, too, had abandoned the case.

It has always been the practice with me, in such complicated cases of long standing, to allow the malady to appear in its real colour and character, before attempting to prescribe any specific remedy. *Nux v.* 30x during a couple of days revealed to me what I wanted to know; and thanks to the judiciousness of my predecessors in the case, I was glad to find that the previous persistent drugging, though unable to cope with the virulence of the malady, had not effected any very material alteration in its natural character.

Carbo veg. 30x, twice daily, showed a decided improvement in three days, and a complete cure was effected in the course of a week more.

CASE II. BLADDER CASE.—A friend of mine, Babu Chandra Nath Chakravarti, reported to me that one of his relatives had been suffering severely for the last four or five months under severe *strangury*, accompanied with symptoms of a really alarming character.

I took up the case, and from the revelation made by the patient, aged more than 45 years, regarding the past history of his case, it transpired that at the early age of 22 he had an acute attack of *gonorrhœa*, which was cured in the course of four or five months by native drugging. During the course of five or six years just preceding the time when the case came under my treatment, the patient had annually an attack or two of *retention of urine* of a very distressing and painful

character, each succeeding attack having recurred with greater intensity and violence as time advanced.

Allopathic treatment soothed him at each attack, but with no lasting or permanent effect.

During the last attack he had placed himself under the treatment of one first-rate allopathic practitioner of Calcutta, who, as revealed to me by the patient, had recourse to considerable drugging and various mechanical contrivances to relieve him of the distressing symptoms—all had proved futile; and in the judgment of this experienced physician, there appeared to be no better means to afford a perceptible relief to the poor patient, than by opening up an artificial channel from below the *urethral* canal, as an obstinate and permanent *stricture* had been diagnosed to have set in—the poor patient, however, proved an ill subject for his knife, being too indigent to allow himself to be laid up in bed for any length of time, having had to support a family of some ten members with a poor income of Rs. 12 per mensem.

The condition of the patient as revealed to me was:—

The severe pain due to the retention of urine diverged from the region of the bladder, as from a centre, to all parts of the pelvic cavity, and was of a stinging character. This lasted for hours together, during which the abdomen was felt to be almost splitting on all sides as it were. Each such paroxysm recurred four or five times during twenty-four hours at each recurring attack. Further, the patient had no call for urination. He had framed for himself a routine of definite times to sit for the purpose; the natural power for erection had been lost long ago, and the urine dribbled down slow and thin.

The medicines prescribed and their effects were as follows—

Cann. Ind. 6x had no effect, though continued for two days twice daily.

Cantharis 30x—twice daily—removed all the distressing symptoms in three days; and being continued at intervals of three days for a fortnight, the paroxysmal retention disappeared totally.

Stannum 6x continued for a fortnight more, two doses after intervals of three days each, restored all the powers to their normal condition, and the rest of the morbid conditions was permanently removed.

The patient has been now living in a healthy condition.

CASE III. HEART CASE.—Babu——, aged about 40 years, reported himself to have been suffering for nearly a month, from *functional derangement* of the heart. He was in the habit of walking home after the severe labours of the desk, about

half a mile every day, subsequent to taking his evening meal. I must observe that though he had to walk about four times the distance every morning, immediately after the *morning* meal, no such morbid condition was felt as in the *evening*. The condition elicited was :—

During the evening walk the patient felt, for nearly five or six seconds, a jerking sensation about the left wrist, which having stopped, was followed immediately by a similar sensation along the left deltoid muscle, for five or six seconds. Then followed similar sensations in the region of the heart, towards the apex. This last paroxysm was accompanied with dimness of vision, total insensibility to surrounding objects, cold and clammy sweat on the forehead, and inability to move even a single step. Complete rest with fanning and sprinkling of water for half an hour or more, could alone relieve him. The trouble thus continued for nearly a month.

Both percussion and auscultation revealed to me nothing but the above symptoms of angina pectoris. There was nothing abnormal about the other natural conditions. The appetite was natural and good, and there was not the least symptom of any gastric trouble.

A careful reference to the Repertory led me to choose between *bryonia* and *Nux v.*, and according to the condition of the patient I prescribed *bryonia* 6x, thrice daily, for three days. The morbid symptoms were reported to have disappeared by the second day. The remedy was repeated twice over during the course of the next week.

After a month had elapsed, a recurrence of the trouble was apprehended, and the 30x potency kept the patient all right for three months. For the very slight symptoms which reappeared subsequently to that period, one dose of the 200x potency was administered, and though years have passed away I have heard of no complaint from the patient.

CASE IV. DYSENTERY.—Sarat Chandra Dass, of 75, Sukeas Street, came under my treatment in August, 1902, after having been under the treatment of an allopathic doctor for a fortnight. The case was one of bloody dysentery, and, unlike a few more fortunate cases, which had then come within the range of my experience, I found the previous injudicious drugging had done more harm than good. The symptoms were of the severest type. The diet prescribed by the doctor two days before had increased the virulence of the symptoms tenfold.

Nux. v. 30x—two doses reduced the number of stools the following night from forty to sixteen.

During the week following the under-mentioned medicines brought about a complete cure :—

Colocynth 6x—two days, twice daily.
Nux v. 30x—again for two days more.
Sulphur 30x—one dose to remove the lingering symptoms.—
Indian Homœopathic Review, June.

THE INTERNATIONAL MEDICAL CONGRESS.

WE take the following from the Editorial columns of the *New England Medical Gazette* of August:—

Election of officers (for the American Institute of Homœopathy) for the ensuing year, and the selection of the place in which to hold the next meeting, passed off without exciting incident. Dr. W. E. Green, of Little Rock, Ark., was elected president, and Atlantic City, N.J., was selected as the next meeting place. Apropos of next year the Institute heartily and unanimously adopted the recommendation of the Committee on the International Congress to hold said Congress in September, 1906, and to merge the scientific sessions of the Institute with those of the Congress. This change in the date of meeting from June to September was made in deference to the desires and requests of our British and Continental confrères, many of whom are anxious to attend the Congress, and will find it more convenient to come in September than in June. It is expected that the Institute members will plan from the present moment to make the International Congress the largest and most successful convention ever held by homœopaths.

And the following from the *North American Journal of Homœopathy*, July.

INTERNATIONAL CONGRESS COMMITTEE.

Dr. J. H. McClelland, the chairman, recommended for the committee that the next meeting of the Institute be held during September in connection with the International Congress, and that the Institute holds its regular executive sessions as usual in the morning, and following these the sessions become those of the International Congress, the different bureaus taking charge. They recommended that in arranging for the Congress, the work of the Institute and the affiliated societies be merged with that of the Congress, and to this end the committee of the Congress be asked to confer with the heads of the affiliated societies and committees. These recommendations were adopted, and the Institute invited all organizations to join in the Congress, and voted to pay all necessary expenses for arranging for the same.

THE TRAVELLING SCHOLARSHIP OF THE BRITISH HOMŒOPATHIC ASSOCIATION.

WE understand that the Dudgeon Scholarship available during the last quarter of the current year has been awarded to Dr. Fredk. Wm. Hayes, of Leeds.

Dr. Hayes is well known as having held with great credit the resident appointments at the London Homœopathic Hospital; and he proceeds to Philadelphia to commence his Systematic Courses in Homœopathic Theory and Practice at Michaelmas.

The Scholarship provided by the Ladies' Committee for the post-graduate training in Continental Schools in the subjects of Gynæcology and Diseases of Children, was this year held by Dr. Granville Hey, who has recently returned to England at the completion of his term of office.

Dr. Hey has availed himself, as far as was practicable, of the Clinical side of Homœopathy in Vienna, besides attending full courses in the Universities at Vienna in Gynæcology, Obstetrics, Diseases of Children, etc., etc.

Dr. Hey has revived British acquaintance with the leading Homœopathic Physicians in Vienna, and we may look forward to some interesting communications from him to the British Homœopathic Society touching his recent Continental experiences at an early date.

DR. E. B. NASH'S LETTER.

OUR readers will be interested to read the following letter from Dr. E. B. Nash to the *North American Journal of Homœopathy* for August:—

Dear *North American*,

If you will allow me, I will give through your paper a little account of my trip or visit to London in response to a call from the British Homœopathic Association. I found them ready for my work, and gave them five lectures along *Materia Medica* lines. I confess to a sort of feeling of trepidation at the beginning, for I well knew that I was talking to a body of men that knew medicine as well as any in the world.

But this feeling soon wore off as I heard the hearty "hear! hear!" that came from my audience, and felt assured of the presence of those who were in full accord with me along homœopathic lines.

I was soon made to realize that British homœopaths, all graduates of the old school, knew where they "were at," fully understanding the insufficiency of the "pathy" which they had tried and *found wanting*, and had "come to stay,"

and although they do not stand equal before the law (as we do in the States) in respect of colleges, and the right to confer degrees, I heard no whisper and saw no sign of a desire to affiliate with the old school at the expense of dropping their distinctive title as homœopaths. To quote from the address of the scholarly Dr. Burford as President of the Association, "How is our specialization to end? Are we to sink our differences, smooth over the distinctive principle, drop the advanced views, and be absorbed into the main stream of medical life? Certainly we may, if, to use a striking phrase of Prof. Tyndall, we prefer intellectual peace at the modest price of intellectual death; with the reassuring certainty that others will take up our work in other ways, pursue our investigations from other standpoints, compass our ends, though more circuitously and with more difficulty, and rightly obtain that olive crown which we refused. To conceive this, however, is to conceive the inconceivable, and to suppose the unsupposable; *our end is not that way.*" To this sentiment I believe the overwhelming majority of American homœopathic physicians will respond, Amen! The English homœopaths are looking over to us as their true yoke-fellows in the common cause. May we never disappoint them. In regard to their treatment of us, personally, we could not ask better. As to how our work there was received, we modestly refer you to the editorial in the *Homœopathic World*, hoping that we really deserved such rich words of praise. We were at a meeting and dinner of the "Cooper Club" at the office of Dr. Clark of "Dictionary" fame, and were made an honorary or corresponding member of the same, which honour we could not fail to appreciate.

Again it was our pleasure to dine with one of the old guard, Dr. Dyce Brown, in company with Dr. Burford, and those who remember the genial gentleman who visited our country not long ago, Dr. Searson, will, of course, understand that we could not be neglected in that direction. One of the pleasantest entertainments we ever enjoyed was at the home of Dr. Margaret Long Tyler in the beautiful mansion of Sir Henry and Lady Tyler, the doctor's father and mother.

The Lady Tyler was the family doctor (lay of course) for all the years of their married life, having brought to man and womanhood a family of twelve children, carrying them through all the ills, smallpox included, to which childhood flesh is heir, with an occasional consultation of the beloved Dr. Burnett.

But my letter will grow to greater length than your space will allow, if I undertake to mention by name all who contributed to our pleasure and comfort. I cannot, however,

omit to mention two other physicians outside the city of London, viz., Doctors McLachlan of Oxford, and Dr. Wolston of Edinburgh, both of whom took the strangers into their homes and their hearts in a way that let them into ours and can never be forgotten. I can only add that every one was well made to feel as happy and welcome as could be possible.

The Homœopathic Hospital in Great Ormond Street is a model of comfort and cleanliness, and with its able corps is doing good work.

We had many occasions to observe their work and to work with them, and must say that it impressed us as being as truly homœopathic as any we have met in hospitals.

The English physicians, while not as a rule confined to high potencies, are not confined to the low, nor to allopathic departures, as we have noticed in some other places. There was not the least smell of objectionable odours on the premises. During our stay the thought kept constantly recurring to me, that there ought to be closer bonds of fellowship between the English-speaking homœopaths both sides of the pond. Several signified that they hoped to be able to meet us next year in America, and enjoy together with us the meeting at Atlantic City. We hope it may be so, and believe that American physicians will vie with each other in showing that they too know how to welcome and entertain.

Fraternally,

E. B. NASH.

RAILWAY TRAVELLING AND DIABETES.

THE increased prevalence of diabetes is a pathological fact which cannot be overlooked, and is hardly sufficiently explained by the continued growth of urban populations, the progress of wealth with its attendant luxury, or the invasion of Western Europe and America by the Jews.

The death-rate from diabetes per 100,000 population in 1880 was in London, Paris, and New York 4·3, 5·0, and 5·71 respectively; in 1890 the rates were 6·6, 13·0, and 8·06; in 1900 they were 7·7, 15·8, and 11·34. The rise in New York is the most striking, but was not unforeseen, for, in spite of the absence of statistical proof, the *Medical Record* of New York spoke of the disease as very prevalent so long ago as 1880, and attributed it to the strain of business competition or nervous wear and tear. The relation of railway travelling to this increase has not been taken into serious consideration, although the causative influence of injuries and shock has been more fully recognized of late years. In 1896 Dr. A. H.

Smith read a paper before the New York Academy of Medicine, in which he sought to show that engine drivers as a class suffer disproportionately from diabetes, and this fact he ascribed to the anxious nature of their work.

Professor Saundby alluded to the point in his lectures, and, after quoting Dr. Smith, gave some figures placed at his disposal by Mr. Herbert Page, showing the causes of death of the engine drivers of the London and North-Western Railway Company for a number of years. According to these figures, the mortality from diabetes among engine drivers was nearly twice that of the general population at the same ages, but the data were on too small a scale to be conclusive. A more complete investigation of the question has been undertaken lately by Dr. Navarre, of Lyons,* using as his material the servants of the Paris, Lyons, and Mediterranean Railway Company. This Company during the last ten years has employed on an average 71,000 persons, of whom 8,710 are travelling (4,590 engine drivers and stokers, 4,120 guards and carriage attendants), and 62,200 stationary. The total number of cases of diabetes reported by the medical officers of the company during the same time was 222, or about 3 per mille, of whom 112 are among the travelling class (58 engine drivers and stokers, 54 guards and carriage attendants), and 110 amongst the stationary class. If these figures are calculated so as to show the relative mortality, which for the whole of the servants reaches 3 per mille, the proportion is 12·63 per mille for engine drivers and stokers, 13·10 per mille for guards and carriage attendants, while for all other servants of the company the rate is only 1·76 per mille. He obtains similar results by taking the causes of early retirement for chronic diseases; out of 723 such retirements 14 were caused by diabetes, while of this number 11 were engine drivers or stokers, against 3 in the sedentary classes. Dr. Navarre considers that the greater frequency of diabetes amongst the travelling class of employés is due to vibration, and he remarks that this is felt more distinctly and is more fatiguing in the brake-vans than on the engines, which, in his opinion, accounts for the slightly-increased prevalence of diabetes amongst the guards and carriage attendants. He points out the interesting, and perhaps alarming, significance of these opinions, should they prove to be correct in these days of excessive automobilism, for vibration is by no means confined to railways; if they are well founded we ought to find evidence in their favour among drivers of autocars, and especially among riders of the autocycle.

**La Semaine Médicale*, No. 15, 1905.

That railway travelling may be a factor in the production of the great increase of diabetes which has characterized the last quarter of a century is certainly a novel suggestion, but is not hastily to be set aside.—Editorial in *Brit. Med. Journal*, April 22.

THE PRESENT STATUS OF THE URIC ACID QUESTION.

By F. MORTIMER LAWRENCE, A.M., M.D., PHILADELPHIA.

A REMARKABLE example of continued popular belief in a long-exploded theory is afforded by the tenacity with which many cling to Haig's conception of the uric acid diathesis. Even among physicians, whose access to the literature of the subject should have shown them long ago that Haig's methods of investigation were unreliable, his results uncorroborated, and his logic and his conclusions absolutely childish, a belief in uric acid as the cause of all the diseases the flesh is heir to seems still to prevail to some extent. I presume that all of us are mentally lazy. We were told years ago that uric acid accumulated in the blood and caused disease, that uric acid in the urine meant an excess in the body, and that the appearance of "brick dust" in the urine always called for a strictly vegetarian diet, and above all things avoidance of the red meats. With this belief firmly rooted in our minds, it seems that all the sledgehammer blows of science cannot drive it out. Uric acid has succeeded "biliousness," "torpid liver," and "malaria," as a diagnostic stop-gap, and so popular is it with the laity that he would be a brave physician who would take their latest and most popular toy away from them, and besides, how it would grieve the manufacturers of lithia tablets and kindred delusions!

And then, Haig's theory is so plausible—too plausible. His idea, you will recall, is that uric acid is deposited in the tissues of the body when the solvent power of the blood is reduced, and taken up in the circulation again when the solvent power of the blood is increased. The only thing worse than the first, the deposit of uric acid in the tissues, is the second, its solution in the blood. Its deposit in the tissues leads to local inflammations, such as catarrh, pneumonia, uterine fibroids, cirrhosis of the liver, abscess of the liver, and appendicitis; but, far worse, when it circulates in the blood it forms a colloidal substance, and the heart struggles in vain to push this slimy material through the capillaries. Alas, it is ineffectual, the capillaries are blocked, the various organs cannot possibly be

nourished, and so the patient falls victim to headache, insanity, epilepsy, paralysis, diabetes, nephritis, aneurism, leukemia, boils, exophthalmic goitre, and piles.

This is not burlesque, not even exaggeration. These are only a few of the diseases ascribed to uric acid in Haig's own book.

It is a beautiful conception. Even a child could understand it, and it seems to me that only a child could possibly believe it. It reminds me of the story of the would-be naturalist who described a lobster as "a red fish that walks backward." A critic, commenting on the accuracy of this definition, took but three exceptions: that a lobster isn't red, isn't a fish, and doesn't walk backwards. So it is with this uric acid hypothesis. Let me point out a few of its fallacies, as summarized by Billings.

1. Uric acid is not toxic.
2. It is not a causative factor of any disease, except possibly gout.
3. "Uricacidemia," i.e., acid blood, does not exist.
4. The chemical reaction of the blood cannot be altered by medicinal quantities of the alkalies or by diet.
5. Uratic deposits cannot be dissolved out by the administration of alkalies.
6. Lithia is not a uric acid solvent of unusual power.
7. Uric acid is not an abnormal constituent of urine.
8. An excess of uric acid in the urine at any one time, or of deficiency at another time, does not indicate an abnormal condition as regards uric acid.
9. Rheumatism is not due to uric acid.

Without stopping to indicate further or in greater detail the absurdity of the theories of Haig and his followers, let us review our knowledge of uric acid and the urates and endeavour to trace their connection, if there be any, with disease.

Uric acid is a perfectly normal constituent of urine. Usually it is in solution, but it is easily precipitated by chemical means. Now, first of all, let us ask ourselves, "Whence comes this uric acid which is present in health?" And there at the very outset two theories are opposed to each other. The first one regards uric acid as a by-product of nitrogenous metabolism, an imperfectly oxidized remnant of the proteids taken as food—a "clinker" in the human furnace. This assumption fails, however, when it is brought to test; for if a human being be fed with excessive quantities of nitrogenous food he excretes increased quantities, not of uric acid, but of urea. Moreover, this theory of imperfect combustion seems to me absurd, because it is inconceivable that perfectly healthy bodies should with the utmost regularity fail to oxidize from

2 to 3 per cent of their proteid output. Even more absurd does the theory become when we find that individuals placed on a diet absolutely free from nitrogenous food continue to excrete this same proportion of uric acid.

I said that the ingestion of excessive quantities of nitrogenous food increases the output of urea, not of uric acid. Do not from this take it that it is impossible by dietetic means to increase the output of uric acid. If large quantities of certain foods, notably roe, sweetbread, thyroid, etc., are ingested, an increase of uric acid excretion does ensue. This, however, brings us to the second theory as to the source of uric acid. Those foods that are capable of increasing its amount are notable for one thing; they are remarkably rich in nucleins and purins. Now we know that chemically we have a series of bodies, nuclein, adenin, xanthin, hypo-xanthin, and uric acid, which represent simply successive steps in the process of oxidation. Indeed, uric acid can be formed from nuclein by simple oxidation in the open air. It seems perfectly rational, therefore, to assume that uric acid is derived from cells rich in nuclein. Such cells are found in the lymph nodes, the spleen, and the thyroid gland; but it seems improbable that the disintegration of these tissues is sufficiently rapid to produce even the amount of uric acid normally excreted. One other source there is, however—cells rich in nuclein and constantly undergoing disintegration in large numbers—and these are the leucocytes. From the latter, we believe to-day, comes a constant output of uric acid.

Strongly confirmatory of our belief in the leucocytic origin of uric acid are several facts. In all the acute febrile processes in connection with which leucocytosis occurs, such as pneumonia, septicemia, and appendicitis, there is a marked increase in the output of urates; while on the other hand, in such diseases as typhoid and tuberculosis, in which leucocytosis is absent, this increase does not occur. The same fact holds good in connection with certain blood states, such as leukemia, in which there is enormous increase in the number of leucocytes and a much greater uratic output. It is remarkable, and has a bearing on the question as to the relationship of uric acid to gout, that in these cases there are no gouty symptoms.

A third fact strongly indicative of the hæmic origin of uric acid is the enormous amount of uric acid excreted by infants during the first five days of life. This is the period when the nucleated red cells are being broken up and replaced by the non-nucleated erythrocytes; and it seems most probable that the nuclei of the former furnish this uratic output,

So complete, indeed, is the proof that uric acid owes its

origin to nuclein, and that its great source is the leucocytes of the human body, that we are justified in passing on without further consideration of that phase of the subject to another question, viz. :

Does uric acid cause gout and a variety of other diseases, or is it not simply a by-product of metabolic changes incident to gout and to a number of other diseases ?

Let us examine the evidence. To begin with, it is generally acknowledged now that uric acid is not toxic. Even those who formerly looked upon it as the source of all evil are now forced to acknowledge its innocuousness, and have fallen back upon the less oxidized members of the alloxin group in their search for a cause of gout and lithemia. Careful experimental investigation, however, has shown that while the persistent injection of these substances into the blood stream is perfectly capable of producing arterio-sclerosis and renal degeneration, there is, conversely, no positive evidence that they are actually present in increased amount in the blood of the gouty. Moreover, large amounts of other nitrogenous extractives co-exist with uric acid, and to them quite as much as to the latter might the production of disease be imputed.

In my opinion, the only rational view at present open to us is that which regards the so-called uric acid diathesis as a generic term for a variety of diseases which have in common one symptom, the presence of an excess of uric acid in the urine, and which otherwise may differ so widely as to render their inclusion in a single group absolutely ridiculous.

Now, assuming that an excess of uric acid is simply an index to certain metabolic changes in the body, and granting that all recent investigations point to excessive destruction of leucocytes as the source of this abnormality, our entire problem assumes a different phase. The rôle played by the leucocytes, the so-called "white police," in the defence of the human organism against invading micro-organisms and their poisonous products, is well known to all of us. A natural corollary is that extensive destruction of white corpuscles results either from the invasion of the blood stream by bacteria, as in some of the febrile diseases that I have instanced, or, as seems more probably the case in these prolonged and more or less chronic diseases, by certain poisonous substances, toxins. In other words, persistent excess of uric acid may properly be attributed to extensive destruction of leucocytes as the result of a chronic intoxication.

Taking gout, for instance, as the type, striking confirmation of the belief that its manifestations are due to an intoxication, rather than to defective nitrogenous metabolism, is afforded by analogy. It is a fact that a non-nitrogenous, inorganic

substance, lead, has long been known to produce every symptom and lesion, including pains, tophi, arterio-sclerosis and interstitial nephritis, that is attributable to gout. Moreover, the only other substance to which the production of gout has been directly attributed is alcohol, and that also is non-nitrogenous. Certainly there is more than coincidence in these facts.

If we assume, as I believe we are forced to, that in gout we are dealing with a toxemia so virulent that it is capable of causing extensive destruction of the leucocytes, the source of this poison becomes a question of paramount importance. This problem, though not completely worked out, seems by no mean obscure. For at least two thousand years the relationship of diet to gout-production has been well known, and that fact points unerringly to the intestinal tract as the source of the poison. Nowadays we see in the alimentary tract a vast chemical laboratory in which, as by-products of the processes which fit the food for nourishment, or as the results of abnormal putrefaction due to bacterial invasion, poisons of most virulent character are constantly being produced. Most of these toxins are kept from absorption by the vital activities of the cells which line the tract; but let this vital fortress but lessen its defence, or let the virulence of the attacking poisons become so increased as to overwhelm it, and the blood becomes invaded, intoxication is set up, and in the circulation the second line of defence, manned by the leucocytes, must carry on the battle if the human organism is to survive. Many of the white corpuscles must perish in this defence, and the story of their death may be read in the uratic débris thrown off from the body.

All our experience as to the influence of diet and drugs on gout, when properly interpreted, seems to point to intestinal putrefaction as the source of the toxemia. What, for instance, is the effect of the salines, the great classical remedies for gout? They simply sweep out of the intestinal canal the putrefying mass before its poisons can be absorbed. What of the salicylates and similar drugs? Their power is largely that of checking intestinal fermentation, and either preventing the formation or absorption of the toxins, or hastening their elimination. So it is with every successful antagonist of the gouty process.

When it comes to the question of diet, was there ever a better example of the truth of the old proverb that "one man's meat is another man's poison"? Some appear to derive benefit from the exclusion of red meats or of animal food entirely, others do better without potatoes and similar farinaceous articles, many find it necessary to abstain from sweets, and yet, taking it all in all, I think we must agree that a

majority of our gouty patients do best on a plain, mixed diet. Why? Simply because every such patient is a law unto himself, and will thrive best upon that diet, whatever its constituents, which lessens to the greatest extent his individual tendency to intestinal fermentation. I have no doubt that all of you have been struck, as I have, by the regularity with which lithemic patients present digestive disturbances. We should look to these as a cause, not as mere incidental symptoms.

Remember one thing: that so far as origin is concerned, uric acid and urea are as distinct as urine and faeces, and that prohibition of animal foods, the source of urea, because there is uric acid or urates in the urine, is absolutely, utterly irrational. If the nitrogenous foods are found indigestible for the individual, that is another matter.

It would be possible, by elaborating upon experimental data, to extend this paper almost indefinitely. Instead, however, I have preferred simply to indicate the trend of recent observations; and in order to lead the way to discussion, I will close by offering the following conclusions:—

1. The theory of Haig, which regards uric acid as an end-product of proteid metabolism and attributes its source to the ingested nitrogenous foods, is absolutely untenable.

2. All the recent evidence points to the leucocytes of the blood as the source of uric acid.

3. The occurrence of excessive amounts of uric acid is presumably due to excessive destruction of leucocytes in the blood.

4. This excessive destruction of leucocytes may be due to actual bacterial invasion, as in the acute diseases, but in the more chronic condition is probably the result of prolonged intoxication.

5. The uric acid diathesis is not a disease. It is a generic term which covers a variety of divers conditions in which extensive leucocyte destruction leads to excessive quantities of uric acid in the urine.

6. It seems probable that the toxemia which leads to chronic excess in the amount of uric acid excreted is of intestinal origin, the result of putrefactive changes in the food.

7. The only dietetic rule in these cases should be that the foods selected must be those which are best digested by the individual.

8. Medicinal measures in the past have been successful only according to the extent to which they controlled intestinal putrefaction and prevented toxic absorption; and the problem of the future is to find still better methods and medicines for the prevention of intestinal indigestion.—*Hahnemannian Monthly*, May.

MODERN STATISTICS.

It is reported that a New York physician recently notified the city's Health Department that she had two cases of cerebro-spinal meningitis under her care. About a week or ten days later there came an enquiry from the department to know why the death certificates of these two cases had not been sent in. The answer was: "Because the cases were treated homœopathically and didn't die."—*North American Journal of Homœopathy*, August.

NEEDLESS TORTURE.

During one of the battles in Mexico, a French officer was wounded severely in the thigh, and for four or five days several surgeons were engaged in attempting to discover the ball. Their sounding gave him excruciating pain. On the fifth day he could bear it no longer, and cried to the surgeons, "Gentlemen, in heaven's name, what are you about?" "We are looking for the ball." "Mon Dieu! why didn't you say so at first? It is in my waistcoat pocket!"—*Modern Eloquence*.

OBITUARY.

EDWARD THOMAS BLAKE, M.D. (Aberd.).

We regret to have to record the death of Dr. Edward Thomas Blake, which occurred on July 31st, at the age of 63. He only became ill on the 18th of July, when aphasia suddenly seized him, followed in a few days by left hemiplegia, and by the formation of thromboses of the arteries of the right leg, and finally coma, which carried him off on the 31st of July.

Dr. Edward Blake was the fourth son of Mr. James Dore Blake, of Taunton, whose history and persecution in connection with his having obtained the diploma of M.R.C.S. is pretty generally known, and the younger brother of the late Dr. Gibbs Blake of Birmingham. He was born on June 15th, 1842, and was educated at the Independent College, Taunton. His medical studies were pursued at University College, London, and he took his diploma of M.R.C.S., Eng., in 1863. He commenced practice in Wolverhampton in 1864, and remained there till 1870, when he went to Aberdeen, and graduated that year as M.B. and C.M., and as M.D. in 1872.

After leaving Aberdeen, he settled in 1871 at Reigate,

where he remained till 1880. He then moved to London, where, in Seymour Street, he took up special work as a gynæcologist, and remained there till his death. His talents were of a very high order, and commanded the respect of his colleagues. His writings were very numerous. Besides frequent cases and papers contributed to the British Homœopathic Society, and to the homœopathic periodicals, his chief work was the original proving of Nitrate of Uranium, published in the Hahnemann Materia Medica Series, a very important and valuable monograph, written between the years 1866 and 1870. Besides these, he published works on Eczema, on Intestinal Catarrh, on Constipation, on the Study of the Hand, on Myxœdema, on Lip Chorea and Stammering, on Sepsis and Saturnism, on Septic Intoxication, on Sewage-Poisoning, on Ankle Strain, on Heart-Hurry, and on Infra-Mammary pain. Besides being a Fellow of the British Homœopathic Society, he was a Fellow of the British Gynæcological Society, an Hon. Member of the Michigan Medical Society, and a Member of the French Hygienic Society.

His body was cremated at Golder's Green, on August 2nd, and the casket containing the ashes was interred at West Hampstead Cemetery, where the service (in accordance with the English Church ritual) was read.

In 1866, Dr. Edward Blake married Annie Madeline, eldest daughter of the late Dr. Charles S. Hanson, also a homœopath, and leaves one son, Edward Vernon B. Blake, who is an artist and sculptor, and to both of whom we offer our warmest sympathy. Dr. Blake's loss is deeply regretted by a large circle of friends and patients. At the funeral at West Hampstead Cemetery, Drs. Dyce Brown, Dudley Wright, John Hamilton (Ealing), and Searson were present.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—I enclose copy of paragraph from *Liverpool Post and Mercury*, which may interest your readers; also a copy of a letter I sent to the editor. I think they would interest members of our body if you can find room for them in the *Review*.

Yours sincerely,

117, GROVE STREET, LIVERPOOL.

C. W. HAYWARD.

August 17th, 1905.

"A discovery which is expected to prove of some importance to medical science has been laid before the French Academy of Medicine by Dr. Albert Robin. The discovery is that of the fermentation of metals, and the fact of their therapeutic action in this. The terminologies associated with the discovery reach to the deepest recesses and most complicated processes of chemical and biological research. Dr. Robin's deductions, however, are that metals in a state of extreme sub-division are capable of considerable physiological action, out of proportion with the quality of metal employed, and that these metals, even in doses hitherto deemed useless, may act powerfully upon morbid conditions, and take an important place in functional therapeutics."

"To the Editor of the 'Liverpool Post and Mercury.'"

"SIR,—In your News and Notes column of the 11th inst., you have an interesting paragraph about a 'discovery' important to medical science, which is expressed in these terms:—'Dr. Robin's deductions, however, are that metals in a state of extreme sub-division are capable of considerable physiological action, out of proportion with the quality of metal employed, and that these metals, even in doses hitherto deemed useless, may act powerfully upon morbid conditions, and take an important place in functional therapeutics.'"

"The 'discovery' has evidently been in homœopathic literature, as if anyone will consult this literature, he will be rewarded by finding the method of preparation and the full physiological effects and curative actions of many metals, including copper, iron, lead, mercury, platinum, silver, tin, zinc, and others. These have all been discovered and used by homœopaths for well over half a century. If any other member of the general profession thirsts for the glory of the discoverer, I advise him to refer to the homœopathic text books, where he will find these most recently discovered therapeutic gems, with most of the other modern discoveries and also very many of the future 'discoveries,' already found for him, dug out, polished, and collected, only waiting for someone a little bolder than the rest, to lift them either bodily, or singly, and reap glory and honour by exhibiting them to the admiring gaze of his fellows of the 'regular' profession."

Yours faithfully,

"Aug. 13th, 1905. CHARLES W. HAYWARD, M.D., D.P.H."

[The above letter appeared in the *Liverpool Post and Mercury* of August 16th.—Eds. M.H.R.]

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 188 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.; Dental Cases, Fridays, 9 A.M.

. Dr. SEARSON is removing to 64, Seymour Street, where he will carry on the practice of the late Dr. Edward Blake, in addition to his own.

. We learn that Dr. MURRAY MOORE, of Liverpool has resigned his appointment to the Imperial Tobacco Company, and wishes to hear of a partnership in a prosperous and advancing neighbourhood.

Communications have been received from Dr. SPIERS ALEXANDER, Dr. SEARSON (London); Dr. MIDGLEY CASH (Torquay); Dr. CHARLES W. HAYWARD (Liverpool).

BOOKS RECEIVED.

Homœopathic World, August. *Journal of the British Homœopathic Society*, July. *Vaccination Inquirer*, August. *Calcutta Journal of Medicine*, July. *Indian Homœopathic Review*, July. *North American Journal of Homœopathy*, July and August. *New England Medical Gazette*, July and August. *Homœopathic Recorder*, July. *American Physician*, July. *Medical Brief*, August. *Homœopathic Envoy*, August. *Pacific Coast Journal of Homœopathy*, July. *Medical Times* (New York), August. *Medical Century*, August. *The Clinique*, July. *Hahnemannian Monthly*, August. *The Chironian*, August. *Annaes de Medicina Homœopathica*, April. *Allgemeine Homœopathische Zeitung*, August 3 and 17. *Zeitschrift des Berliner, etc.*, August. *Homœopathisch Maandblad*, August. *L'Art Medical*, July.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual British Homœopathic Congress has come and gone. It was held at St. Leonards-on-Sea, or, more correctly speaking, at Hastings, as the two places are really one and the same. The meeting took place on Friday the 22nd of September, by the kind permission of the MAYOR OF HASTINGS, at the Hastings Town Hall, and before official proceedings commenced, HIS WORSHIP, who was present, gave the Congress some very kindly words of welcome. As the meeting took place so late in the month, it is obviously impossible to give a full report of the proceedings till our November issue, when we shall publish not only the papers that were read, but the discussions, etc., and report of the dinner. But by the kindness of the President, Dr. GOLDSBROUGH, we are enabled this month to give in full the Presidential address. As it will thus be in the hands of our readers as soon as this article will be, it is unnecessary to go into any details regarding it. Suffice it to say that, as we last month anticipated in our leader, it was able, philosophical, and carefully studied, and gave a general excellent tone to the day's proceedings. It will be read with both pleasure and profit, not only by all who were not privileged to hear it, but by those also who were present, as it is quite an address to be read carefully at home. In fact, it was remarked by quite a number of those who heard it that it would be an advantage to read it quietly in print.

The papers on Asthma by Mr. DUDLEY WRIGHT and by Dr. ORD were both able and instructive. Unfortunately Mr. WRIGHT was obliged at the last to write and apologize for his absence, as he found it quite impossible to be back from France in time, but he had committed his paper to Dr. ORD to read for him. The discussion which followed, and which might have been prolonged considerably further than was the case, had there been more time at the disposal of the Congress, was interesting and instructive, and threw a good deal of light on a subject to which it was notoriously difficult to do full justice.

The Members of Congress adjourned for lunch at one o'clock to the Queen's Hotel, at which they were generously and hospitably entertained to an excellent repast by the homœopathic doctors of St. Leonards and Hastings, Mr. FRANK SHAW, the Vice-President, Drs. PRITCHARD and PERCY CAPPER, the joint local Secretaries, and Dr. CHALMERS, who has retired from practice, but who lives at Bexhill-on-Sea, near St. Leonards. He, from failing health, was unable to be present, but sent his best wishes, and wished generously to be associated in the hospitable entertainment of the members of Congress. A vote of thanks for their kindness was proposed by the PRESIDENT, and seconded by Dr. WOLSTON, of Edinburgh, and was responded to on behalf of his colleagues by Mr. FRANK SHAW in well-chosen and amusing terms. After the lunch was over, a photographic group of the members present was taken, on behalf of the PRESIDENT, who, we learn, intends to issue a copy of his address, with the papers read at the Congress, and a copy of the photograph, as a memento of his Presidency and of the meeting. This necessarily cannot be in the hands of members at once, but they will receive it in due time, as we hear on the best authority.

The Congress then resumed work, when Mr. C. J. WILKINSON read an admirable paper on acute nephritis, and its homœopathic treatment, which will appear in our November issue. Like all Mr. WILKINSON's writings, it will repay perusal when in print. The discussion which followed was interesting and instructive.

The members of Congress next took up the "business" of the meeting. The PRESIDENT first read a communication from Dr. SUTHERLAND, of America, on the arrangements for the International Homœopathic Congress to be held in 1906 at Atlantic City in September, this month having been changed from June, in deference to the wishes and arrangements of their British and Continental colleagues. After some discussion, it was agreed that the Congress should select three members to serve on the General Committee of Arrangements, who should unite and confer with three members of the British Homœopathic Society, who will be chosen at the approaching meeting of the Society. There will thus be six members of Committee who will, representing the Congress and the Society, meet together for the transaction of the necessary business, keep in touch with the American Committee, and act with it. This plan will ensure the authoritative voice of the homœopathic profession in this country. The members of Committee chosen by the Congress were the PRESIDENT, Dr. DYCE BROWN, and Mr. KNOX SHAW.

It was then agreed that, although the International Congress was to be held in September, there should be no interruption in the meeting of the British Homœopathic Congress, and that it should take place in 1906 in London, about the end of June, the exact date to be fixed, as usual, in conjunction with the British Homœopathic Society, so as to synchronize the meetings. Dr. E. A. NEATBY was, by a large majority, chosen as President; Dr. D. MACNISH Vice-President; and Mr. DUDLEY WRIGHT the Local Secretary. The Hon. GENERAL SECRETARY and the Hon. TREASURER were reappointed; of the Council, besides those who are members *ex-officio*, there were appointed Mr. KNOX SHAW, Dr. BURFORD, Dr. GOLDSBROUGH, and Dr. SEARSON.

A vote of thanks to the Mayor of Hastings for kindly giving the Congress the use of the Town Hall free of charge was proposed by Dr. DYCE BROWN, and carried unanimously. This concluded the business of the day.

The members of Congress then went to the Buchanan Hospital for afternoon tea, to which they had been hospitably invited by the Board of Management, and after this refreshing function was over, they went over the Hospital,

and all were delighted at the first-rate arrangements of the Institution.

The members of Congress dined together with their guests, and with the public guests of the Congress, at the Queen's Hotel at 7.30 o'clock, when the toast list was gone through, and a few extra toasts were added. We were glad to notice the presence the whole day of Dr. A. C. CLIFTON, who, with his advanced years, and with his recent bad health, was hardly expected to be present, but who had determined, if at all possible, to join in the professional work and enjoyment of the day.

The numbers present, considering that the place of meeting was provincial, and far from the centre, when we never expect a large attendance, were very satisfactory, and the greatest credit is due to the VICE-PRESIDENT and the HON. LOCAL SECRETARIES for their valuable services in ensuring the smooth working of the entire machine.

One of the chief features of the Congress arrangements was the charming reception on Thursday evening, the 21st, on the part of SIR GEORGE and LADY TRUSCOTT, at their house, 100, Marina, of the members of Congress and their friends. The professional music was excellent, and every one who was present was delighted with the kind hospitality of the host and hostess. The music at the dinner on Friday was gracefully given by Dr. HAWKES, of Ramsgate, his niece, Miss WHITBORNE, and Dr. CLIFTON HARRIS, of Brighton, and was much appreciated by the audience. Last, but not least, came the drive to the beautiful and historical Battle Abbey on Saturday morning, the whole expense of which was borne by the VICE-PRESIDENT, the two HON. LOCAL SECRETARIES, and Dr. CHALMERS, of Bexhill. A morning's real enjoyment, enhanced by a lovely day, was much appreciated by the large party who went, and who were thus enabled to warmly thank Drs. FRANK SHAW, PRITCHARD, PERCY CAPPER, and CHALMERS, for this generous addition to their hospitality in entertaining the Congress at lunch the day before. All were unanimous in expressing the opinion that the Congress at St. Leonards had been a complete success from every point of view, and that such social gatherings were of the greatest benefit, not to say pleasure, to the profession.

DEEDS NOT WORDS.

IN the *British Medical Journal* for August 19th there is an Editorial entitled "The Duties of Professional Brotherhood," from which we take the following :—

"We are justly proud of the feeling of professional solidarity that unites practitioners of medicine throughout the world in a commonweal wherein fraternity is not an empty name, but the animating principle which, to use a scholastic term, informs the whole body. We are bound together by what Hamlet calls the consonancy of our studies, and by community of aims and of interests. Of no other profession can it be said with equal truth that it works everywhere by the same methods directed to the same ends. Medical science knows no distinction of race, caste, or creed ; whatever is discovered is held to belong by right, not to the individual, but to the community, and is therefore at once promulgated, in a fuller sense than any Papal decree, *urbi et orbi*. Men who in the flesh are strangers know each other as brethren in the spirit—and work together for the furtherance of knowledge. In the sphere of practice, the brotherhood of the profession is not less real. If a practitioner is unjustly accused of any failure or negligence in the discharge of his professional duties, he may rely with confidence on the active support of his brethren. If a medical man through no fault of his own fall by the wayside in his journey through life, he may generally count on having helping hands held out to him.

"It must, however, be confessed that if the duties of professional brotherhood are thus freely acknowledged in our public relations, the case is not quite the same in our private dealings with each other. The old saying *Invidia medicorum pessima* may be dismissed as a calumny ; it is certain, however, that envy, hatred, and all uncharitableness, which should be conspicuous by their absence in men who beyond all others are inspired by the spirit of charity to their kind, are too much with us in our relations to each other. To say that this is an outcome of the struggle for existence is an explanation, but not an excuse. The conduct of a medical practitioner towards his professional brethren should be regulated by something higher than the blind forces of the cosmic process."

And the following is the concluding paragraph :—

"All this is summed up in the golden rule of conduct which is applicable to all difficulties of professional life : Do unto others as you would that they should do unto you. Standing, as the best of us do, ever in need of the charity that thinketh no evil in the interpretation of our motives and in the estimation of our acts, let us not view our neighbour's conduct,

however inexcusable it looks, in the deceptive light of what appears to our fallible minds to be justice. Let us try to put ourselves in his place, remembering that *tout comprendre c'est tout pardonner*. In any case let us not use him after his desert, for if this measure is to be meted out to all, which of us shall 'scape whipping."

All this is excellent. But are these admirable sentiments and advice put into practice? We know well that such is not the case. The important minority, a minority under three hundred, are excepted from this "duty of professional brotherhood." They do not care much, as they are quite able to take care of themselves. But the fact remains that when "the golden rule of professional conduct" is supposed to come into play, homœopaths are excepted. It is not enough that all homœopaths have studied in the same schools as their brethren of the old school, have taken the same degrees and qualifications, and have consequently the same amount of knowledge not only of surgery and medicine as their *confrères* of the old school, but of their treatment as well. The mere fact that they see the mistake that the old school have committed in rejecting all enquiry into, and practical testing of, the new treatment, if we can call that new which is a hundred years old, and of refusing to look at the only *law* in therapeutics which claims to be a law; of openly saying what they believe, and of acting upon it in their practice, is quite sufficient to put them "out of the running," and condemns them to be the exceptions to the "golden rule" of "professional brotherhood." The Editor of the *British Medical Journal*, to be sure, does not name homœopaths at all as included in, or excluded from this excellent body of brothers; but the very fact of their being ignored only brings into prominence what we know to be the fact. It makes no difference to us, knowing that we have only to bide our time, and the issue will be a victory for us. But we cannot allow such admirable sentiments to be gloried in without pointing out wherein it fails, and is intended to fail. "Standing, as the best of us do," says the Editor, "ever in need of the charity that thinketh no evil in the interpretation of our motives and in the estimation of our acts, let us not view our neighbour's conduct, however inexcusable it looks, in the deceptive light of what appears to our fallible minds to be justice." If such sentiments were put into practice the state of the medical profession would be different from what it actually is.

These remarks on the part of the Editor of the *British Medical Journal* are indited *apropos* of the now well-known farewell address of PROFESSOR OSLER to his colleagues in the United States, which appears in the *Journal of the American Medical Association* of August 5th; and yet PROF. OSLER named homœopaths specially as members of the profession to whom he wished to give a friendly recognition and association, and of this point the Editor of the *British Medical Journal* takes no notice, as we quite expected, showing that our conclusion was amply justified. PROF. OSLER says, "It is time for the homœopathic brethren to be admitted to the fold, and squabbles about drugs should no longer separate men with the same hopes." But this friendly wish and desire, which says a great deal for PROF. OSLER's charity and broad-mindedness, is spoilt entirely by his idea that the separation of the two schools depends on "squabbles about drugs." There is no "squabble" whatever. There is an entirely different principle on which drugs are given by the two opposing schools. That drug which, on old school ideas, is absolutely contra-indicated in a given disease, because in full doses on the healthy body it causes a precisely similar state, is given by homœopaths, in accordance with the law of similars, in a small dose to cure that disease. We all know this principle is made use of very largely by men of standing and authority in the old school, as pointed out in a recent publication published by the British Homœopathic Association, entitled *The Permeation of Present Day Medicine by Homœopathy*, although without any acknowledgement of the source of this knowledge and information, or any allusion to the fact of such treatment being unmitigatedly homœopathic in its action. While the principle of drug-selection is so radically different, at least in open talk, between the two schools, PROF. OSLER's statement of "squabbles about drugs" shows how little he really understands about homœopathy and its essential requirements. It would have been much more to the point had he had the courage of the late DR. BRISTOWE, who said, at one of the Annual Meetings of the British Medical Association, that the results of pharmacology were useless for all practical purposes, unless the homœopathic law of similars were admitted. If homœopaths are "to be admitted to the fold" it must be with flying colours, and with their right openly admitted to practise

in accordance with the greatest law in medicine ever discovered by man.

There is, however, growing evidence in the United States, in the old school, of a friendly feeling towards homœopathy, and of a desire for union in the profession. We have, once and again, noticed this fact in the *Review* with pleasure, but we always had to "discount it" largely by the intimation that all homœopaths who joined the old school societies should drop the name of homœopath, and when reading a paper, ignore the name of homœopathy and the open advocacy of the homœopathic treatment. Of course this could not appeal to American homœopaths, and they rejected these seemingly friendly offers, till the restriction named was removed openly. And they are right in so doing. They have only to bide their time, and it will come right in the end. But an editorial in the *Medical News* of July 15th goes further than any proposal hitherto brought forward. We have therefore a real pleasure in bringing to the notice of our readers this friendly article, which is frank and to the point.

It is entitled "Complete Medical Reconciliation," and is as follows:—

"At the last meeting of the Erie County Medical Society of New York State, Dr. Henry R. Hopkins, as Chairman of the Legislative Committee of the Society, offered a resolution to the effect that 'This organization authorizes its legislative Committee to prepare a bill for the purpose of improving our system of State Medical Examinations, by creating a single medical examining board of such number of members so selected as shall be determined by the various representatives of the medical profession, and instructs its Committee to invite conferences with other Societies, State and County, to the end that the proposed bill may meet the views, and have the support, of the medical profession of the State of New York.' This resolution was unanimously adopted. If it could be made effective, it would at once do away, let us hope for ever, with all the differing schools of practice of medicine in New York State, and there would no longer be homœopath, nor regular, nor eclectic, but only physicians licensed to practice in New York State.

"The question occurs then: Is it possible to make the modification in the present laws suggested by Dr. Hopkins'

resolution and unanimously approved by the Erie County Medical Society? In this matter it must not be forgotten that Dr. Hopkins himself is a man of large experience and thoroughly conservative judgment with regard to legislative matters and the general interests of the profession in this State. The Erie County Medical Society, practically the Medical Society of the City of Buffalo, is not apt to give its unanimous approval to a resolution that would be either impossible of fulfilment or be likely in any way to oppose the best interests of the medical profession of New York State. It is clear then that the subject may be considered one, not only open for discussion, but really demanding professional consideration at the present time.

"The *Medical News* has more than once voiced the growing sentiment that there is at the present moment much less of real difference of opinion between the different schools of the practice of medicine than is usually thought by those not familiar with the trend of thought outside of their own special medical interests. It is with regard to therapeutics that the only differences remain. There is a general agreement of minds at the present time that this is where all the schools of medicine are weakest. Recent improvements in specific therapeutics, such as the use of the various antitoxins that have a recognized curative value, are accepted by all the schools. There seems to be ample room for the thought that there might well be a still nearer approximation, and that even in the department of therapeutics the State Medical Examiners could so arrange questions that no one of the three schools of medicine would feel aggrieved because of any neglect of what is true in their special system, or because of any demand beyond what their students should be expected to know.

"This amelioration of present conditions could come nowhere more appropriately than in New York State. It was in this State that first of all, in order to secure the passage of a law regulating the practice of medicine, physicians of the regular school consented to lay aside some of their prejudices, and work in harmony with professional brethren of the other schools in order to secure the requisite legislation. Following their example, other States did the same thing, and as a consequence, most of them now have laws for the regulation of medical practice, which would not have been passed for many years perhaps except for this example of yielding somewhat in order to secure a noteworthy benefit. This movement for reconciliation could not come more opportunely than at the present time, since there is little doubt that this year is to see the reunion of the divided medical organizations

of the regular school in this State. Next year will be celebrated the centenary of the passage of the first law regulating the practice of medicine in the State of New York. It would indeed be a very worthy feature of that celebration, if there should be proclaimed an obliteration of the party lines in therapeutics that have been holding members of the medical profession apart. This second example on the part of New York State would be followed even more rapidly by other States, to the great benefit of medical practice and professional life throughout the country.

"All of this can be accomplished without any yielding of principle, but only by a rational accommodation of opinions. As we have said, the material difference is in the matter of the use of drugs; and here it is that all the schools are weakest, and are ready to confess more and more as time goes on, that their knowledge is obscured by ignorance, and by too confident trusting in experiences made under circumstances that often suggested conclusions without really demonstrating them. The Erie County Medical Society has our heartiest congratulations in the movement it has so opportunely initiated, and we ask for it the co-operation of other county medical societies throughout the State, and eventually of the State medical organizations—regular, homœopathic, and eclectic. Here is a work worthy of the best efforts of a distinguished liberal profession."

The above seems very sensible and friendly, and, moreover, evidently "means business." We shall see if it comes to anything, but meanwhile we have pleasure in extracting it, and putting it on permanent record, as an evidence of the growing desire for union in the whole profession in the States, and this to be obtained, not by the concealment of views of any section of it, but by the open acknowledgement of right on the part of all concerned.

But such efforts at union, and still more their realization, must be accompanied or followed by a better appreciation of homœopathy, by a knowledge of its power, and by an open acknowledgment of its principle in drug-selection. Such a paper as that from the *St. Louis Medical Review* of August 26th, for example, must cease to be published, or if published, must be corrected by the Editor. It is entitled "Radio-activity in Diabetes and Nephritis," by SAMUEL S. WALLIAN, A.M., M.D., New York, in which he says as follows :—

"Uranium being the principal source of the radium salts

which have recently excited so much interest and speculation throughout the medical world, as well as with chemists and pharmacutists, a brief study of the salts of this mineral, which have been more or less used in medicine for a generation or more, will not be out of place.

"Probably a majority of the rank and file of the profession have never used this remedy in their practice ; and those who have occasionally resorted to some form of uranium salt, from having seen it recommended in certain serious maladies, including diabetes and nephritis, have hardly suspected that its potency is due to its radium content, or in other words to radio-activity. As a matter of fact they could not have surmised as much, since nothing was known of radium until within a very few years.

"Prior to these very late revelations the fact that uranium salts favourably influenced Bright's disease and glycosuria, *was purely a matter of empirical observation* (italics are ours). The investigating pathological chemists finally announced that the internal exhibition of uranium proved that it had some specific affinity for the hæmoglobin of the blood, in some way modifying its oxygenating powers, and that its presence in the alimentary canal tended to inhibit both amylolytic and proteolytic action. In addition to its effects on the gastro-intestinal functions, it was asserted that it exerted a marked effect on the renal secretions and in diabetes. In the latter disease it was more or less satisfactorily demonstrated that by its use the abnormal thirst was controlled and the percentage of sugar materially decreased.

"Among other effects noted or claimed were a profound effect on the nutritive and assimilative functions, prompt and favourable action in bronchitis with copious expectoration, and in certain of the chronic and more intractable of the dermatoses.

"These claims and reported results warrant a more general manifestation of interest in the drug than has ever been accorded it."

And after talking of radio-activity in terms that we need not take up our space by quoting, DR. WALLIAN ends thus :—

"The chemical problem of this subject, it is asserted, has now been mastered by a method of incorporating the emanations in distilled water, under pressure. If in actual practice this claim proves reliable the principal obstacle to a much more extended use of the remedy will have been removed, and its thorough trial in both diabetes and Bright's disease is sure to follow."

Now it is all very well for DR. WALLIAN to theorize on the action of uranium, and he is quite within his rights if he ascribes all its virtue to its radio-activity. But it is evident that he knows a great deal more about uranium and its action than he cares, or chooses, to say. He tells us that uranium salts "have been more or less used in medicine for a generation or more," that, prior to the discoveries of radio-activity, "the fact that uranium salts favourably influenced Bright's disease and glycosuria was purely a matter of empirical observation," that "these claims and reported results warrant a more general manifestation of interest in the drug than has ever been accorded to it," and that "if in actual practice this claim (of being able to incorporate the emanations in distilled water, under pressure) proves reliable the principal obstacle to a much more extended use of the remedy will have been removed, and its thorough trial in both diabetes and Bright's disease is sure to follow."

In other words, DR. WALLIAN knows, or ought to know, that the facts regarding the beneficial influence of uranium in diabetes are not by any means "purely a matter of empirical observation," but were brought forward to the notice of homœopathy by the observations of its power to produce glycosuria in the healthy animal. And since then, it has been found to be successful in treatment in virtue of the law of similars, and has become one of the principal medicines in the hands of homœopaths in the treatment of glycosuria, though now, as so many homœopathic remedies are, it is largely adopted by the old school, without, of course, any acknowledgment of the source of their information. As with men of this class any remedy, however homœopathic, if it has the *imprimatur* of RINGER or BARTHOLOW, was all right for use and published record, so with uranium. Now that DR. WALLIAN brings forward the ingenious theory that the radio-activity of uranium is the cause of its medical virtue and value in diabetes, he feels himself perfectly free to adopt the remedy, predict its study and further use, owing to the theory of radio-activity, and throw over all relation to homœopathy, and to it as his source of information. This sort of thing is not the way to promote "complete medical reconciliation."

And in our own country there is much need for

education on the main principles and tenets of homœopathy, and on its practice. This we know very well already from the ignorant parodies of what homœopathy is, as enunciated by the medical press and even the leaders in medicine in the old school. They describe homœopathy, its principles, and practice, as they think it is, or as they think it ought to be, and not as it really is. They then proceed to knock down the man of straw they have set up, and conceive that in doing so they are knocking down homœopathy. This may do for a time with their still more ignorant readers, but it does not touch homœopathy in one iota, and the sooner this perversion of the truth comes to an end the better for medicine in general, and for medical truth in particular. The latest example of this is taken from *The Hospital*, in the review there given of Dr. CLARKE's "Homœopathy Explained." It is really so contemptible that it would only waste our space to quote it, and as it is too ridiculous to necessitate comment on our part, we let it go. If it pleases the Editor and his readers, that is his business.

FREEDOM IN THE PRACTICE OF MEDICINE. ITS NECESSITY AND IMPLICATIONS.*

By GILES F. GOLDSBROUGH, M.D.

Physician for Diseases of the Nervous System to the London
Homœopathic Hospital.

IN obeying a call to the Chair of the British Homœopathic Congress, my first word must be an expression of pleasure and gratitude in being so highly honoured by colleagues and friends as to become the recipient of such a mark of their distinguished thought and favour.

It cannot but be a proud moment in the life of a man when he is asked to stand as representative of his fellows in any sphere of their thought or practice. But in the case of medicine, this position is enhanced beyond the common or garden walks of life, and especially so with supporters of homœopathy, who may rightly lay claim to be the advance guard in knowledge and practice of the healing art.

* The *Presidential Address* delivered before the British Homœopathic Congress, at St. Leonard's, September 22nd, 1905.

Although on the present occasion the president of the Congress does not reside in the town in which the Congress is being held, he is entitled to say, "Hastings and St. Leonard's bid you welcome." Of this, abundant evidence has been afforded to your President personally, and it is witnessed to by the kindness of the Mayor and Corporation in granting the use of this Hall, and by the attractions held out to prolong a stay in this charming neighbourhood beyond the bare time of our business meetings. Let me invite you to take advantage of your welcome to the full.

On the subject of the attractiveness and merits of Hastings and St. Leonard's as a health resort, I could dilate at length, but I must content myself by saying, that apart from natural beauty compared with other places, to many of us its chief merit is proximity to London: so quickly and easily can we send here our convalescents from influenza, pneumonia, and bronchitis, to be braced up and return to contend with life again.

Our meeting to-day is not altogether unattended with sadness and regret; indeed, I may say almost never is a Congress held without some faces and voices being missed from their share in the call of the halt. Since June of last year, when the Congress was held in London, we have to record the loss by death of four of the small band who have in the past formed the advance guard in the medical army of this country. Of these I must mention first the name of Dr. Lough, a former resident in Hastings. Lough did not figure prominently in public medical deliberations, but he will be remembered as a well-informed practitioner and good homoeopath. The circumstances of his life seemed to have something in them of storm, and ended in a tragic departure, but now that he has passed to the unseen, for him, as for other colleagues who have gone, a word of faith we can utter as an epitaph: *Ibi in pace requiescit.*

Of the other names than Lough's, two had been Presidents of this Congress, and one was the most doughty champion British homoeopathy ever had. On the present occasion it would scarcely become me to say anything more of Dudgeon than has already been said. Since his death, now just a year ago, our thoughts have been full of eulogisms of him, and many of them have found expression in words. It seems now time we began more fully to imitate his life. I cannot refrain, however, from alluding

to Dudgeon's presidential address before this Congress.* His subject was "The influence of homœopathy upon general medicine since the death of Hahnemann." A perusal of this address after thirty years calls up the character of the man as we knew him a year ago, and points forward to what is our duty now in respect of the development of medical knowledge and practice. In Dudgeon's words, "Our duty clearly is to cultivate our own field of therapeutics diligently, to increase and perfect our provings, and to render them more available in practice. This duty Dudgeon did himself with tireless energy, more especially in the realm of literature, in which he was highly trained, scrupulously accurate, and full of capacity.

The next name I am called upon to mention is that of Eubulus Williams, a kindly soul who spent a long life in honest therapeutic toil. Curiously enough, Eubulus Williams, who was President of the Congress in 1898, chose a historical subject for his address, and thus followed on the heels of Dudgeon in enforcing the lessons of the past upon us. I must also allude to Edward Blake, who has so recently passed away from our midst. He was one of several members of a family who were all medical men and followers of Hahnemann. Edward Blake has left on record in our literature numbers of facts corroborative and openly illustrative of the value of our therapeutic rule.

Before I pass to the subject proper of my address, I should like to mention the names of two other champions of our cause, happily still living, although one is unfortunately unable through infirmity to be present with us to-day. I allude to Arthur Clifton and Alfred Pope. For over forty years both these men have borne the heat and burden of the day, and to them this morning we on whom the burden has fallen would wave the flag of greeting, as we anticipate taking up the work afresh which they so long before us have been endeavouring to accomplish.

The heritage of the past has been weighing heavily on the mind of the President of the Congress of this year; not in the sense of not affording him an ample field and range of subject for the preparation of the Annual Address; rather has the field proved too ample and too tempting. But the heritage of the past has weighed heavily in another

direction. It is not the long past which should be considered in this connection, but the long past and the near, up to and including the renewal of activity which has characterized the efforts of homœopathists in this country in immediately recent years. I have no wish to disparage earlier efforts, but I do not fear contradiction when I assert that the rebuilding of the Homœopathic Hospital in London, the revival of hospital activity in other parts of the United Kingdom, and the internal development of the clinical work of those institutions, coupled with the foundation of the British Homœopathic Association, mark a distinct epoch in the development of homœopathic therapeutic method in this country. These events possess special significance in reference to the thought and activity of homœopathists as part of the great profession of medicine. I need scarcely repeat what has often been said about our isolated position in the profession. An isolated position is not of our seeking, except as part of fidelity to conviction in reference to truth not represented otherwise either academically or practically. If a great truth in medicine remains unrepresented in those Institutions, the distinctive province of which is to be representative both of theory and practice in its entirety, it would be cowardice indeed for those men who believe and know that truth to remain absorbed in the misrepresentation of the profession at large, and not to isolate themselves and promote a knowledge and expression of what they know to be true, and develop it in theory and practice, until it receives the fullest recognition as part and parcel of medical knowledge in its complete expression. It is towards a more complete practical assertion of what we believe and know to be true, that the increased activity of the past few years has been essentially directed. In these days of the appearance and conception of the social organism, hospital activity may be regarded as both the foundation and public expression of medical activity. Our hospitals exist to supply the needs of people who otherwise cannot obtain medical help. If they are flourishing, if the beds are full, if the out-patient accommodation is fully utilized, the general public have evidence that the hospital is doing its work, and as a general rule hospitals receive the support of the general public in accordance with the work they do. Homœopathic hospitals are no exception to this rule, either in evidence of work or public support. And such

evidence and public support should be evidence to the profession that homœopathic hospitals represent a truth and supply a need. There can be no ground of conflict on the basis of this evidence. But on the basis of this evidence, as homœopathy is at present represented, and homœopathic hospitals are at present situated, little advance can be made. In small hospitals compared with large ones, hospitals containing, say, 100 beds and less, there is but little resource for the development of any particular aspect or field of knowledge the hospital may stand to represent. And if, as in the case of homœopathic, or say, the Temperance Hospital, this aspect of knowledge is not a special aspect of medical knowledge, but a general one, covering, in theory at least, the whole range of therapeutics, and if on the part of the profession at large who are the dominant factor in the development of knowledge in other large representative institutions, every opportunity is taken advantage of to disparage or belittle the work of the small, although also widely representative institutions, some other agency is needed to favour the advance of that particular phase of general knowledge which the small though general hospitals represent. It is to meet the need created by these circumstances in connection with our homœopathic hospitals, that I conceive the work of the British Homœopathic Association to have its place. I believe the homœopathic body owe a great debt to Dr. Burford, President of the Congress of last year, not only in having been the chief and first to see the need of such an agency as this, and to found the Association, but for his persistent efforts in seeing it successfully floated on a sound and satisfactory basis. The Association stands as a progressive public agency, so it appears to me, to witness to, to give counsel in the development of, and to aid financially, not the bedside or out-patient resources of the hospitals themselves, but on the one hand the public expression, and distinctive name and position of these hospitals as institutions for the development of a not professionally acknowledged medical truth and practice; and on the other to aid advance in professional knowledge of homœopathic theory and practice, by making use of the accessories of the hospitals, to which the resources of the hospitals themselves as such are not applicable.

The main features of increased public activity on the

part of homœopathists during the past thirty years have thus in the present taken shape in the directions indicated, and it is the near past of that activity I am confronted with this morning, and I have had to ask myself what remarks I could offer in my address which would be most in harmony and continuity with that activity, and be a sustaining contribution to it, and an encouragement to all to devote the fullest energy to the work they have at command.

My first thought, and the one I desire all others to gather round, is that we are met here this morning as a body of medical men compared with other congresses, for example, the British Medical Association, for conference on the great purpose of our lives, the relief of suffering and the salvation of human life; in our peculiarly isolated position the only body of perfectly free men in a profession where freedom of knowledge and opinion for practice is necessity, and in a country where freedom of thought and action in other phases of human experience is already far advanced and boasted of.

"He is the freeman whom the truth makes free,
And all are slaves besides. There's not a chain
That hellish foes, confederate for his harm,
Can wind around him, but he casts it off
With as much ease as Samson his green withes.
He looks abroad into the varied field
Of nature, and though poor perhaps, compared
With those whose mansions glitter in his sight,
Calls the delightful scenery all his own.
His are the mountains, and the valleys his,
And the resplendent rivers."

I have said freedom of knowledge and opinion for practice is necessity. Without caring to give substance to my logic, I adopt this bald contradiction as the only proposition which, in the light of science and practice involved in medicine in the widest sense of the term, will express the intellectual standpoint of the practitioner, if he is to exercise his art in knowledge to the full. And if any body of medical men are prepared to deny this freedom of judgment and practice to their fellows, in the light of the scientific knowledge they profess, the tendency of their action is to retard progress or advance in both knowledge and practice. Stated in its abstract form, this proposition appears so obvious that illustrations

*Cowper: "The Task."

offered of its truth would, in these days of enlightenment, one would think, be superfluous, and all who heard it would cry, Agreed! Agreed! But your presence here this morning as witness-bearers to a truth in medicine denied by the general body of the profession as truth, is proof enough, if no other were forthcoming, that freedom of knowledge and practice is not enjoyed by the majority of the profession. The burden of my remarks accordingly will be by way of illustration, that as a body of freemen, we who believe in and advocate that truth, because of its very nature and relation to other branches of knowledge, are in the line of advance both in knowledge and practice.

I.

First let me say a few words about the relation of practice to knowledge.

Hahnemann, the originator of the comprehensive aspect of medical thought and practice which we represent, as indeed other illustrious leaders have done in other fields, single-handed at first, out of his own free endeavour, by observation, experiment, induction, and deduction, presented a therapeutic principle to the medical world. Now, therapeutic truth, as we all know, stands on a different plane from scientific truth concerning the object matter of medical knowledge. This kind of truth is no mere ideal expression of medical fact or knowledge. Therapeutic truth implies fact, and then an ought, and thought afterwards. The very expression of therapeutic truth as practical, raises the time-worn problem of *ethikos* or custom *before* the more modern and popular one of *scientia* or *knowledge*. Moreover, therapeutic truth raises this problem, not merely as a branch of practice, as a part of common industry, æsthetic enjoyment, or social advancement. Therapeutic truth raises the problem of *ethikos* or practice in reference to the most fundamental problem which has ever exercised the mind of man, the problem of life in the reality of its appearance and existence.

But *ethikos* implies *scientia* in some sense or apprehension, before *ethikos* itself becomes established. The wise man takes truth near to his heart. But he does not practise truth either by head or heart, but by his hand on the object which is clear to his mental sight and real to his heart. If a truth, logically presented as practical, lacks the clear mirror of objectivity through which he who merely

looks may understand, it will scarcely find a resting-place for art until the nature of the object of art stands out more clearly and brightly, as calling for action in accordance with the light of the brilliant star of practice which has arisen on the horizon.

The aim of all science is prevision for practice. Historically, practice in medicine in the wider and most comprehensive sense has been attempted without prevision. The present state of knowledge, say for example in prognosis, has been evolved piecemeal, a fact at a time, and is based on the real fact that life would cease, or the sweeping philosophical assumption that life can be saved, without the comprehensive knowledge of what life is. Many theories of life have been advanced, held, and abandoned, but it cannot be stated that to-day any adequate harmonious theory holds the field in anything like the comprehensive way that physical and chemical theory hold the field and form the basis of prevision in practice. I am quite aware that the general current of thought is against the acquisition of any more realized or comprehensive knowledge of life than the interpretation of its phenomena in the light of physical and chemical theory, but in spite of statements to the contrary, emanating from the biological laboratory, I think many indications could be adduced that science will reach to the plane of realized knowledge: in the comprehensive sense of individual personal life, of course I mean; and as including all life below; but this realization has not been attained to yet. In the meantime the practice of medicine goes on. In the light of such a position and forecast as this, is the individual practitioner likely himself to advance knowledge, or to be successful in practice, that is, in prognosis and treatment, more on the basis of orthodoxy and tradition, or on the basis of intellectual freedom on the great subject of life?

We may safely venture on the statement that, only as a solution of the problem of biology advances, can the conquests of therapeutic method become certain and clear.

II.

But now I want briefly to indicate that the principle *Similia similibus curentur* has its root in, and is to some extent an expression of, a marvellous prevision of a fundamental law of the appearance of individual life, by

comparison with phenomena which do not manifest life. And on this ground I wish to enforce the inference that only men who freely regard with favour, and do not oppose, this rule are in the line of advance in the practice of medicine.

I must trespass on your patience somewhat while I refer to the conclusions of modern scientific research on the subjects of energy and life. Current doctrines of energy are at present undergoing modification, not in the sense of undermining the great law of conservation, but rather in rendering this law more explicit, and giving it a deeper significance than it had under former inferences in relation thereto. As you are all aware, the atomic theory of matter has recently had its place in scientific thought changed, and become subordinate to another conception. Such a thing now happens as a resolution of the atom. Atoms in the chemical sense are not the most ultimate forms in which matter is to be conceived. The terms of the chemical equation, hitherto thought to be final, are now judged to involve much more in the way of energy than is expressed in their molecular equivalent as containing so much of atomic weight. Through the bold and magnificent conception of Mendeleef's periodic law, and the confirmation of the truth of this law in the phenomena of gases, of radio-activity, and the production and behaviour of negative rays by electricity, what was formerly regarded as elemental in nature is now judged to be so, not merely by the attraction of gravitation, but by virtue of an inherent process of oscillating change. In a given volume of matter, according to the standard of weight, and selected as the object of experiment, the last word that can be said of it is that the power in it is eternal, and subject only to attractive preponderance in the sum total of physical qualities outside and beyond it. And if a true induction is to be drawn from experiment on matter thus initiated to the nature of the universe, and driven home to the last resort, the judgment upon it must be based now, not upon its weight as hitherto—this is its energy of relative position alone—but within and beyond this to the deviation of force at right angles and the expression of

NOTE.—For an interesting summary of recent research on the theory of matter there may be consulted "The New Knowledge," by R. K. Duncan, Professor of Chemistry in Washington and Jefferson College. London: HODDER & STOURTON, 1906.

it in terms of number in relation to the primary qualities of sense, light, colour, heat, sound, touch, and movement.

The test of any scientific theory is that it works. The test of the modern theory of matter is that it works, that radio-activity is a real thing; that negative rays can be handled by the electrician and at the same time brought within the equations of the brain of the mathematician. But in reference to the ultimate problem, it should never be forgotten that only as physical and chemical phenomena are abstracted from their own peculiar environment, can they be measured in relation with their energy of position, and consequently inductions from experiments involving these relations to the energy of the universe are necessarily limited by the relative character of energy of position. Within this latter relation they work in practice, and in this sense the modern theory of matter is an enormous advance in the speculative direction upon previous theories. As biologists, psychologists, physicians, we should be glad to accept this new theory of matter, not because it solves the ultimate problem of the universe, but because it does not do so, imagined corpuscles notwithstanding. The modern theory of matter refers the ultimate problem back to the nature of the senses, and the experience and the practice of man. It shows more than ever that in organic phenomena we have a system of reality higher and more comprehensive than physical and chemical phenomena external to life. Moreover, this theory of matter does not work when applied as a co-efficient to organic matter in the totality of its manifestations in individuality, and as an interpretative theory of the universe it is tending to become subordinated to a comprehensive theory of life and mind, as bearing a higher interpretation in relation to the universe. No conceivable equivalent of positive or negative electricity, with all the conservation in its own energy, can be accepted as the equivalent of a newly-born germ cell or nerve cell, the result of karyokinesis or of so much growth or organization, or of a combination of anabolic or katabolic change which is known to maintain the appearance of life. A given quantity of organic matter as living is accepted for experiment in the chemist's or physicist's laboratory, and inference might be induced from observation to the nature of the universe and for future practice. In the biologist's or physician's laboratory, after exhausting the inferences from physical and chemical

experiment, there inheres in it both the vital and the personal equation.

On the other hand, neither biologist nor physician can forget the fact of inherent relation between physical and chemical phenomena, and the vital and personal.

Physical states subject to measurement appear capable of disturbing the equilibrium and appearance of organic phenomena, and likewise physical states subject to measurement appear capable of favouring a restoration of organic equilibrium. And again, phenomena are exhibited by organic bodies similar to physical phenomena, and such phenomena among themselves are susceptible of measurement, and in themselves comparable by similar measurements with phenomena external to and apparently independent of organic phenomena. In the face of these facts, and those I have just been alluding to, the question becomes a very serious one, wherein lies the difference between organic and other physical phenomena? It is not surprising that a purely physical view of the subject will result in the inference that there is no essential difference. The latter perhaps it might be wise to be prepared to grant, but in the face of the facts, and in the light of the modern theory of matter, we cannot grant that the physical view is the interpretative view. A final analysis and inference from organic phenomena refuses to be included under a purely physical interpretation thereof. And thus it appears that what may be at fault in reference to an adequate knowledge of the relation, is not the admission that there may be no essential difference between organic reality and physical reality, but the application of the standard of judgment. Knowledge of physical states is acquired by experiment through standards of measurement and weight, and inference therefrom to the nature of physical reality. Within their own realm these measurements apply, so far as practice goes. Within the essential distinctive realm of organic phenomena, they do not apply. Only as physical phenomena are abstracted from the totality of the individual organism, can they with other organic phenomena become measurable, not as organic but physical phenomena, and by standards not organic but physical. Inference from these measurements to the nature of organic reality can never comprehend the truth of this reality. No physical measurements apply to reality in this realm. The measurements we adopt, for example.

in the division and administration of doses, in their estimation and application, are purely arbitrary, and for convenience only, when compared with an estimation of what they are intended to accomplish. The measurement of all such doses is governed by physical standards within their own realm, whereas what they are intended to accomplish is governed by the organic standard in the organic realm.

But if it is true that physical theory and measurement are inapplicable to the most intimate and most characteristic of organic phenomena, and yet perhaps we ought to be prepared to admit there may be no essential difference between energy in one case and energy in the other, how is the problem in the one case to become comparable with the problem in the other, especially seeing that in practice—medical practice—the relation of one to the other is intimate and necessary?

It would be quite out of place to attempt an answer to this question within the limits of a presidential address. A discussion of method in biological enquiry and research raises the whole problem of method, both in science and philosophy, and at the same time a discussion whether one or the other is applicable to the biological problem. But at this point of biological enquiry and research I am able to return to my statement of a few moments ago. There is a standard of judgment which can be applied, and which has been and is applied in all biological research within its own realm, and which for purposes of practice waives the ultimate problem, which by necessity must be waived until the problem of method is previously solved.

Let me refer here, however, to what can be stated of the reality of life. In the light of present-day knowledge in relation with the conception of energy, we are accustomed to regard as living, by comparison with that which does not appear as alive, all of what appears, in contrast to the energy of the universe external to life, *as appearing and responding to that energy as stimulus, and including the distinctive appearance and movement which result from such stimulus*. Such a conception of life is indeed a comprehensive one, but on this very account it becomes inadequate for an expression of the totality of the phenomena, as they are observed as individuality, and as in personality life comes under the cognizance of the physician. Within the conception of the appearance of

life, as appearance in response to stimulus, no implied account is afforded of the real facts of organization, of growth, or of perpetuation of species. Neither in this conception is any shadow discovered of the union of two elements appearing as almost perfectly alike, yet in energetic character totally different. Again, life appears to partake largely of interchange with the energy of the universe, changes taking place in response to energy as stimulus. But the conception of interchange or metabolism falls short in factors which we are obliged to believe are involved in a maintenance of the equilibrium of life with its environment. Through all metabolism there is maintained identity or likeness of appearance and movement, so that the reproduction and perpetuation of species may result. Adaptations observed in life find no parallel in mere response to physical energy. And what should be said of nervous control, and the origin and growth of mind and the social state?

But if the conception of response to energy as stimulus is inadequate, the same cannot be said of the principle of likeness and unlikeness. This principle appears to convey within its meaning something of the whole of the phenomena of individuality; and by research, by analysis, and by judgment, the multiplicity of phenomena can be shown to be under the domination of this principle.

From whatever chief feature of living things individual life may be viewed, whether from the point of view of reproduction, organization, growth, adaptation, control, within each sphere, and in relation with the whole in the individual organism, phenomena present themselves which can be compared as intrinsically alike and yet unlike; and for the maintenance of individuality and the maintenance of function, what is intrinsically alike or identical is significant for the promotion of function and individuality, in the presence of and without excluding what is unlike and different. In other words, self-maintenance, using this term in a phenomenal sense, and not psychologically, is a fundamental law for the conservation of the appearance of individuality. The implication of this law, which is borne out in the great facts of reproduction, is, that only what is itself, and yet somewhat unlike, is of complete avail for the promotion and maintenance of the individuality of life. If we bear this law of life in mind, and then remember the quality of life as response to

stimulus, the former appears as fundamental and the latter as secondary to it. The principle of likeness and unlikeness is seen as more interpretative, and the principle of response to energy more phenomenal, the latter being supplemental and complementary to the former. Living matter responds to the energy of the universe, for the purpose of maintaining an appearance and existence in the likeness and unlikeness of itself.

This then becomes the standard of judgment in which life is to be regarded, and which is to be used for the interpretation of its phenomena. This is at one and the same time the ultimate standard by which organic phenomena can be judged, by grouping them in the order of their appearance and existence under headings having the most likeness, excluding for thought, but including in fact and grouping again what is unlike, in the presence of and united with the like. It is on the foundation of this judgment that all our knowledge of organic phenomena is built up, as for example under the headings of morphology, physiology, and pathology, including within these the great sub-groups of like and unlike phenomena and process observed in reproduction, organization, growth, metabolism, and nervous control. The relation of this standard of judgment to physical process may be expressed as follows. All physical process and result in organized bodies may be judged of physically by the ordinary standards of physical measurement, but such judgment forms but one great group of like and unlike phenomena included among the individual whole with other groups.

Thus it is that in accepting this standard of judgment in reference to the biological problem, those practitioners of medicine who in the exercise of their freedom favour an adoption in practice of the rule *similia similibus curentur*, are in the line of true advance both in practice and knowledge. Without reference to Hahnemann's doctrine of a vital force, it is in the sense of *similia* being an outcome, a corollary, of the deepest and most comprehensive law of life, and an implication of the widest possible judgment in reference thereto, that its adoption as a rule of practice is an adoption of the most comprehensive therapeutic truth. By an adoption of this rule, a physician frees himself from partial conceptions and partial knowledge of human individuality. Not that by so doing he can assert he thereby comprehends the whole; far from it;

but that by the adoption of this rule he frees himself from the trammels of partial knowledge—knowledge asserted as and assented to as practical, though partial and in the common partial conceptions of the day. Moreover, in an adoption of this rule in what of truth has been attained to, as impartial knowledge of human life, he lays claim to as “the greater includes the less.”

It should here be carefully observed that the mode of practice involved in an adoption of the rule, *Similia*, contains no *a priori* conception or barrier which can fetter individual freedom of practice in its adoption. The meaning of *likeness* has had to be found by experience, and even now it cannot wholly be described or anticipated. In the adoption of the rule, the originator of practice allowed the utmost latitude to the prevision of likeness. For among the totality of symptoms as indicating a remedy, he advised selection of some symptoms as being of greater value than others, i.e., more amply significant for operation of the law of life. “The more striking, singular, peculiar, uncommon characteristic signs and symptoms of the case are chiefly and almost solely to be kept in view, for it is more particularly these that very similar ones in the list of symptoms of the selected remedy must correspond to, in order to constitute it the most suitable for effecting a cure.”*

Is not this an allowance of the utmost latitude in the prevision of likeness, a latitude so great indeed that the most peculiar in the individual, that is, the most unlike for knowledge, becomes more important for practice than the previously recognized, most common, or most general in knowledge?

III.

If freedom of judgment or opinion, and practice, is thus necessary in anticipation of advance in the biological problem, and the first implication of freedom is favourable judgment on the great therapeutic truth enunciated by Hahnemann, it remains for me to offer two or three illustrations of this position as further implications of freedom in the medical outlook of the day.

1. In his own prevision of likeness, Hahnemann was inclined to give the palm to mental symptoms as the most

* *Organon of Medicine*.—Dudgeon's Translation, 1893. § 133-153.

peculiar and characteristic in an individual case. And the value of his prevision has often been tested in practice since. But in the light of biological knowledge reached since Hahnemann's time, in relation with more exact physical and chemical knowledge realized to-day, the tendency is turning rather to symptoms of metabolism as being of more importance, and as at least offering a larger and more exact field of inductive research. There can be no question that whatever therapeutic measures may be adopted—the use of drugs, dietary, exercise or rest, baths and bathing, open air, electricity or massage—they all affect the organism in some way by influencing metabolism. It becomes obvious that some change in the order of metabolism, is the effect of all therapeutic measures whatsoever. It is thus in the study and appreciation of metabolism as a great group of organic phenomena, that a prevision of likeness will probably meet with the greatest success.

Permit me to illustrate this point by reference to the instance of acid auto-intoxication, research in which is now in progress by the British Homœopathic Association, under the direction of Mr. Dudley Wright. In an estimation of a morbid process in which acid intoxication is a chief feature, such, for example, as acute rheumatism, a careful estimation has to be formed of the difference between the morbid production of acid and the normal. A relative production and excretion of acid occurs in connection with the normal sequelæ of anabolic and katabolic tissue change. In the morbid state, there is acid in excess. Now, in the light of modern chemical theory, the inference is obligatory that acid in excess cannot be produced from any cause from the tissues or found in the blood, without other relative metabolic phenomena taking place at the same time, which, if known, would also have to be regarded as morbid. Thus the old conception of acute rheumatism as due to acid in excess, could never be an adequate conception of that disease. An adequate conception of the morbid process would consist not merely in the chemical equations produced by acid in excess as affecting the tissues subsequently, but in the total chemical equations accompanying the appearance of acid in excess, compared with the normal equations of the acid-producing process. Mr. Wright shows that acid in excess can be artificially produced by the administration of certain

acids and in different degrees, and with different other effects with different acids, and he suggests that the producing power of an acid, for example benzoic, may be an important indication of the use of that acid as a medicine in rheumatism. But success in the treatment of rheumatism by benzoic acid would not depend merely on the power of this acid to produce acid in excess in a healthy person. Such is to be regarded as a common and not a peculiar symptom. In order that benzoic acid may be constituted a remedy, it must be capable of producing in the tissues and the blood all the other chemical changes which would take place were the acid produced similar to that produced in the ordinary course of acute rheumatism.

The fact of acid production is but one feature in the list of morbid phenomena, and as Mr. Wright clearly indicates, it has to be taken in concurrence with other known chemical or metabolic phenomena, which on the one hand attend acid intoxication as an incident in the course of acute rheumatism, and on the other similar chemical phenomena accompanying or sequent to the administration of benzoic acid in health. This is a clear view which every homœopathic practitioner would recognize. But in addition there is this significant fact about metabolism. It must be through blood- or tissue-metabolism that all therapeutic measures operate. They cannot operate through irregular reproduction, organization, or growth, and only by modification of nervous control through metabolism. Thus a selection of symptoms of metabolism as a special or peculiar sphere becomes a prevision of likeness of a most important kind. And the aim of research will be to select the most peculiar, on the basis of inclusion of all other phenomena of a like kind, as being related and concurrent with it. An example of research along these lines is an illustration of the necessity of freedom, first, from ancient chemical and medical tradition in relation to biology, and secondly, its implication that the principle of intimate and the fullest likeness of the group of phenomena is the only principle which can comprehend the whole of the organic phenomena in the realm of metabolism

2. Research in metabolism along these lines may be regarded at present as peculiar to the homœopathic school, but impartial observers will agree that the outlook for

general medicine is most promising if research be guided by the principles thus indicated. But my next illustration suggests that this attitude affords a common ground with the general body of the profession in as yet unconquered fields of disease. I should like to take as an example the subject of epilepsy. I have recently been making some comparisons between the empirical or bromide treatment of epilepsy, and homœopathic treatment. A raising of the question whether the bromide treatment is the best form of treatment for epilepsy, is an illustration of the debatable ground between ourselves, as occupying the position of freedom from empiricism as an *a priori* method, and those who feel obliged to adopt that method as to some extent known and proved to have certain results. Taking cases of epilepsy all through, results are not as yet very encouraging under homœopathic treatment, and there is considerable force in an argument in favour of the empirical method. But it is not difficult to show that an universal adoption of the empirical method constitutes a very formidable bar to progress in the treatment of the disease. A patient fully under the influence of a sedative is never a promising case for the cure of his disease, and if progress is to be made, especially as the empirical method at the best gives poor results, the only legitimate course is a free and unfettered judgment brought to the consideration of every case. In the light of conquests by homœopathic treatment in other fields, the practitioner has all the field of promise in his favour in a disease like epilepsy. But his line of research will consist not only in adapting the similar remedy, but in endeavouring to understand the influence of the nervous system upon the organism as a whole, in its response to energy in the external world, and how far the similar remedy is applicable when the central nervous system is the seat of disease. An investigation of these points becomes impossible if every patient is to be placed under the influence of bromide at the outset of the disease, and kept under it. The force of this view in its application to other diseases of the nervous system than epilepsy is obvious.

3. But if now as a last illustration I turn to the treatment of mental disorder, I find my position specially reinforced, and the rationality from the biological point of view, if I may so term it, of a favourable regard for the principle of *similia*, indicated from an opposite point of view.

In all curable forms of mental disorder, from experience gained in the asylums of America, there is no question as to the superiority of effect when drugs are selected according to the principle of *similia*, and a good deal of experience is on record of cases treated outside the walls of asylums. It is not my purpose to refer to this fact in detail, except to point out the absolute necessity of freedom in judgment and action in a consideration of mental disease, in reference especially to peculiarity of individual symptoms and to the administration of drugs as medicine. From another point of view I desire to refer to curable mental disorder, including under such reference cases which may be anticipated to yield to asylum treatment within a reasonable period, or such cases the treatment of which may be undertaken at home, excluding thus idiocy or imbecility, and the grosser forms of degenerative disease. Let me point out the essential symptomatic feature of these cases. The most characteristic feature is deviation of tone from the normal in the self-regarding consciousness, either in the direction of abnormality of judgment in relation to the self, or in the direction of emotional excitement or depression, with the idea of the self as the conscious centre of the disturbance. If excitement or depression of tone proceeds far enough, loss of memory occurs, the idea of personality becomes completely perverted, and the case advances to mania or melancholia, with all their characteristic attendant phenomena and alteration of symptoms. As a matter of course, in the treatment of a case, a variety of considerations arise as to its probable course and progress, based on the facts of heredity, previous history, and mental development, occupation, habits, and social environment. But the desideratum above all others for recovery is the restoration of a balanced judgment in relation to the self, secured in the continuous memorial consciousness of a regular daily rest and activity. Towards securing this end, it is the duty of the physician to create an environment for the patient. In a case of mania, this environment has to reflect upon the self an appreciation of the blankness or futility of wandering thought. In the melancholic, by attractive sensory stimulation, the environment has to beget again the spark of hope in self and God. Whatever environment is created, the patient will not step back to sanity if he finds himself alone, unthought of by his

physicians, uncared for by his friends. We all know the cry of suffering humanity in any of the ills we meet with, to be "understood." What does "being understood" mean? In the first place does it not mean that the sufferer realizes an identity, a union with himself, in the person with the stronger arm, the keener eye, the restful heart, outside of himself, different, above, yet willing to allow identification, union in some measure and at least in thought? Understanding thus means for us as physicians not subjectively to allow ourselves to be identified with the humanity of our patients. We cannot help this even if we would. But in the exercise of a true freedom in our knowledge of humanity, understanding means a willingness to allow the patient to identify himself with our humanity, just in so far as his position in society normally realized in thought, will by means of that identification become restored. This is the secret of understanding, for the poor sufferer who has become deranged in his idea of himself, who is exalted or depressed in disproportion or beyond himself, and who is slowly, in the grim reality of mental pain, coming back to adequate proportions in his self-regard. A realization of "understanding" by the patient, is the first, the essential step towards cure.

Now, I wish to indicate that the essence of this desire or search for being understood, a search, involuntarily, for oneness, likeness of spirit, characteristic of all suffering mental patients, if curable, in order that a cure may be attained must be met by likeness, identity, something the same but other than themselves; and that this principle is at the basis of all modern successful treatment of the insane. But the applicability of the illustration for my present purpose lies in this. An understanding and humane attitude of the physician towards mental disorder, which is an exercise of freedom of judgment and action of the highest possible order, and which is essential for the successful treatment of these worst forms of human suffering, is in harmony with the great law of cure by medicines enunciated by Hahnemann, or rather perhaps I ought to say, from this point of view is exhibited the fact that Hahnemann's law of cure is in complete harmony with the fullest development of the humane spirit. The small dose of the remedy indicated by the similarity of its proven effects to the symptoms of the patient, can never hinder a return to a normal balance in feeling and

self-regard. On the other hand, the administration of strong drugs in the following out of an empirical rule is in line with the tyranny of violent restraint, the condemnation of a poor sufferer to isolation, and the fastening upon him of a stigma of reproach or responsibility for his own malady. The exercise of freedom in the light of knowledge does not exclude the adoption of empirical methods of practice as expedient on emergency. Rather, freedom implies these, but relegates them to expediency merely, to be abandoned whenever possible in favour of the higher law.

IV.

And now my final word must be a reference to the implication of freedom in the exercise of the fullest attainable knowledge amongst ourselves and the profession to which we have the honour to belong. In a recognition of the principle, *Similia similibus curentur*, there is apprehended an expression of the highest and widest formula for guidance in the treatment of disease, and in the exercise of freedom an adoption of this formula leaves the realm unbounded in which likeness can be observed or sought; but the very unboundedness of the field leaves us in a dilemma as to the formulation and co-ordination of knowledge. The last word on practice in medicine would appear to be pure individualism, and no place to be found for co-ordinated thought. A science of practice will cease to be. If this is not to be so, the question become imperative, What is the standard of thought or comparison in which the theory and results of practice can find expression? The most ready and most obvious answer to this question is the negative one. Neither in the *ipse dixit* of the one man, nor the one instance of his practice, do facts become susceptible of inference for him or for the many. One instance or case for one man may be convincing enough, but for inference to have the force of law it must carry all in instance, observation, and bearing. Thus in the presentation of results of practice to the world, does a man who recognizes his freedom become impelled to give the whole of his work to the judgment of the world. Truly the test of practice is recovery in the individual case; but the proof of theory is in multiplicity of cases.

In these fragmentary remarks, I have endeavoured to

show that only as men free from the trammels of tradition and orthodoxy can we expect to aid the advance of medicine and the saving of human life, but in the light of the strong arm of knowledge, we see the final implication of freedom, and that is, that nothing we can do is for ourselves, but for the race, and that the race demands not one instance only of success, but all, and failure of none. In the light of the freedom wrought by its own truth, we can see that *Similia similibus curentur* is the most brilliant star in the medical horizon. It has its own orbit in the heavenly arc. Its light may yet be dim as reflecting upon some other planets in medical knowledge. But it has already created new life, and when a full light is shed upon the whole of life, the course of this as yet newly-discovered star will become fully known in all the harmony of its movement and working.

Gentlemen, in the exercise of our freedom let us not be backward in the presentation of all available facts for the elucidation of the truth it is our privilege to uphold and attest. Let us not pretend that for knowledge or for practice the exception proves the rule, but rather that the *apologia pro vita nostra* shall be that "We walk boldly and wisely in the light we have," and by observation, publication of cases, the prosecution of research, elucidation of method, continue to witness to our union with the true healing power of nature, and that we have placed our hands in

"A hand above that helps us on."

A NEW PREPARATION OF PHOSPHORUS.*

By WILLIAM CASH REED, M.D. (Liverpool).

GENTLEMEN,—I have long been dissatisfied with the preparations of phos. in general use, and have many a time cast about for some better way to utilize, as a therapeutic agent, this extremely valuable drug. The ordinary preparations of phos. are not of course equally unsatisfactory; that which is lacking in each may be briefly summarized.

In PILULES, I suppose there is no real combination of the drug with the sugar of milk; we have at the best *particles* of phos. mixed with the sugar, and the former

*Read before the Western Counties Therapeutic Society, at a meeting held in London, at Dr. BURFORD'S, June 30th, 1905.

must in a very short time become oxidized. Thus pilules, to command confidence in their reliability, must be very frequently freshly made. Personally, for above reasons, I scarcely ever use them, never, in fact, if it can be avoided.

As to the TINCTURE, when dropped upon a dry surface, it immediately, I understand, oxidizes, so that the ordinary method of putting some into a tumbler and adding water, is open to grave objection. If water be first placed in the tumbler and the dilution of phosphorus then added, the objection ceases, or applies in a limited degree only.

When phos. is dissolved in SUEET, as directed in the *B.P.*, we learn that "patients complain that the pills" thus made, "pass through the bowels unchanged." A graver indictment need not be looked for.

Phos. dissolved in LEMON JUICE in the proportion of 1 part to 200 or 300 is certainly a very great improvement. I think it was introduced by Dr. Kidd, and until the preparation I am about to speak of demonstrated its own advantages, I almost always used the lemon juice solution.

An elegant preparation is the GELATINE COATED CAPSULE made by Parke, Davis & Co.; each contains $\frac{1}{100}$ of a grain. I do not know any objection to this form, except that it appears likely to be less immediately efficacious than when the drug is in solution, and in case of emergency, as will be seen later on, the latter state is of very great advantage.

With regard to "Organic Phos." I have but little experience. In the form known as "Lecithin," where the drug has been isolated from certain plants, I have used it before knowing of the new method, with great advantage in a case of long-standing pneumonia in a young married woman, which threatened to degenerate into phthisis.

THE NEW PREPARATION.—I scarcely know how or why the combination of phos. and turpentine occurred to me as a likely one, except that the surpassing therapeutic value of each, in similar, but not identical states, suggested the idea that a combination, if possible, presented advantages. Though believing firmly in the law of similars, I did not see that it could be an outrage to make such a combination of drugs so closely allied in many ways. Even though no "proving" existed, I was content to believe that the action of the combined drugs as therapeutic agents would be found to correspond with

the sum of their actions as poisons. Let this in the meantime be represented by X, for so far as I know it has not been ascertained. Thus I saw no objection to reversing the order of things common with us. This may not sound scientific, but I am so convinced that the law of similars frequently obtains where we do not know and cannot prove it, that I am content in the meantime to believe that the case in point is not an exception.

It may be interesting here to remark incidentally, that a certain form of turpentine is used as an antidote in P. poisoning, and as a scientific point, that a very minute trace of turpentine vapour entirely prevents the luminosity of phosphorus.

The ideal pharmaceutical preparation of the drug under consideration is a *solution*, and not merely a combination, still less a mere suspension. Phosph. dissolves in ether in the proportion of one per cent, but it is much more soluble in turpentine. The preparation which I bring before you is made by Mr. Lester Reed, F.C.S. and F.I.C., Borough Analyst of Croydon, and has been prepared by himself in his laboratory with the utmost care and precision. The turpentine employed is "rectified," no heat is used, and the solution is filtered so as to leave no particle whatever of *free* phosphorus. To many people the taste of turpentine is extremely disagreeable; it, however, is rendered much less so by taking it in milk. Further, in order to disguise the flavour in some measure, Mr. Reed has added a little oil of peppermint, and, for yet another reason, viz. for the sake of distinctiveness, a trace of a solution of chlorophyl.

To return for a moment to the "provings" of the drugs concerned. Broadly speaking, the indications for each are perfectly well-known to us all. Thus phosph. produces metrorrhagia, a "pouring out freely," and "the hæmorrhage of metritis after frequent pregnancies." As regards turpentine, suffice it to say that "females inhaling the oil suffer from menorrhagia and dysmenorrhœa." Its action too on the kidneys and on the mucous membranes, in the hæmorrhage of typhoid, and other kinds, is common knowledge. I need hardly refer to the equally well-known observation that a large dose will aggravate, whilst a small one cures, a renal hæmorrhage.

Coming now to the specific use of the special preparation of phosph. with turpentine, I am not so supremely foolish as

to ignore the claims of many other drugs upon which many of us have hitherto relied with good results, e.g. hamamelis, crocus, kali bichrom., lilium tig., ustilago, thlapsus, etc., etc., but I wish to indicate the special form of uterine hæmorrhage upon which the combination of phos. and turpentine appears almost a specific. The precise nature of the hæmorrhage is clear, but its scope is restricted. I cannot better describe its form than by saying it is the hæmorrhage of *subinvolution, plus a metritis*. A picture of such a case will occur at once to each of us, and as far as my own experience is concerned, I will briefly refer to only two out of many, but these are indelibly photographed on my mind.

Case I.—Mrs. G., æt. 28, had a child 5½ years ago; 21 months after she says some hitherto retained placenta came away. This I expressed some doubt about, but was assured on the authority of a leading gynæcologist across the Tweed that such was actually the case. The uterus is bulky, in a state of latero-version, and is easily replaced in the genu-pectoral posture, showing absence of adhesions. The catamenia last 12 days, and necessitate a change of linen at least 20 times. Phos. in turpentine was given under the name of “liquor hæmostatica” in 5 drop doses, which is equivalent to $\frac{1}{160}$ grain of phos. for a dose. During the succeeding month patient took this medicine. It so fell out that during this time she had the extreme anxiety and labour of nursing her husband through an alarming attack of double pneumonia. Dr. Whitaker attended the husband, and he it was who had kindly sent the wife to me. My next note, a month after, says that the “period” lasted 6 days, and the diapers employed were 6. Two months after she was not so well, but had ceased taking the medicine. On resuming it, the same unmistakable result ensued, and she has remained well.

Case II.—Mrs. B., æt. about 30, has two children, age 8 and 3. Ever since the birth of the first child she has had a bulky, retroflexed uterus, with rectocele and cystocele. The uterus is only moderately well supported by a pessary. Latterly she has suffered from excessive flow at the “periods,” necessitating a change of linen some 15 times. The “liq. hæmostatica” was prescribed, with the result that the next and the subsequent “periods” dropped in amount to that which was met by a change of linen on 8 occasions.

I have not found the "liq. hæmostatica" of any use in the hæmorrhage of puberty, and only in a limited degree for those consequent upon uterine fibroids. I think it is of use in the bleedings of senile endometritis, if not associated with a hitherto dormant but now necrosing submucous fibroid. I think it is useful also in the intermenstrual pain called by the Germans "*Mittelschmerz*," and shall certainly investigate this point further, as occasion arises.

Apart from uterine cases, which form the bulk of those in which I have the opportunity for its employment, the liq. hæmostatica is extremely useful as a local application, at the same time that it is taken internally, in cases of *epistaxis*; also in the course of certain cardiac conditions, associated with high arterial tension and vascular degeneration; in those in fact where phos. is the obvious remedy, and when in the course of its exhibition the urinary secretion becomes too limited in amount and with too high a specific gravity.

I shall now finish this short paper by a few words on a case which has been to me extremely interesting, not only because the exhibition of "liq. hæmostatica" was followed by the arrest of hæmorrhage in a way which was dramatic, but also because of the intrinsic interest of the case for other reasons to be mentioned immediately. I speak of the arrest of an abortion in this case with due humility, lest subsequent experience should prove it to be alas! *but* "the exception which proves the rule."

Case III.—I happened to be calling one evening upon a gentleman who was himself ill, when he said, "I wish you would see my wife; she seems to be bleeding a great deal." After investigation I said, "Exactly, she has just had an abortion."

"Indeed," said he, "if so, she's had several before, for we've gone through this kind of thing many a time without a doctor."

I told him he was fortunate in his experience, though fraught with risk, and I went away with the foetal prize in my pocket. The lady had had two children, and I knew they were anxious for another. I submitted the specimen to the Thompson-Yates Laboratory in Liverpool, for investigation and report. I regret I cannot give exact details of the latter, which were very elaborate, because I have lent them to a medical friend, a specialist. The report was extremely interesting for two reasons: (1) It

demonstrated that cystic disease of the chorion existed, and (2) Because this condition is liable to be followed by chorio-epithelioma, an extremely fatal disease, as we all know. Subsequently this lady became, as she believed, pregnant again; she was now living in the country. On examination, I found there was no doubt about a pregnancy at about the second month. Retroversion was present, and there were some peri-uterine adhesions on the right side. The malposition was rectified, and the uterus supported by a pessary. Two or three weeks afterwards, the telephone conveyed the same old tale of woe, bleeding at exactly the usual stage, clots coming away, and great disappointment on the part of the patient. "Can anything be done?" they asked.

I had just received a supply of the phosphorus in turpentine, but had never used it; it seemed to fit the condition. I said, "If you will send over immediately, some medicine will be ready, of which take 5 drops in milk every half hour for a few doses." The messenger came in posted haste, and the next day I learnt that everything had quieted down and the bleeding entirely stopped.

From that hour no further trouble occurred, and in due course the lady was delivered of a fine healthy girl, with no complication whatever, not even post-partum hæmorrhage, which the doctor wrote and told me had been a feature before, and with no subsequent development of chorio-epithelioma, as I can happily testify.

AN UNIQUE CASE.

By A. C. CLIFTON, M.D.

A GENTLEMAN, 79 years of age, suffered last November and December from frequent need to pass urine, with severe burning pain at the end of the penis during micturition. The stream of urine was very small, and corkscrew in shape. He had spasm of the penis like chordee, every hour or so in the night, only relieved by micturition; but the spasm caused a curvature of the penis in an opposite direction to what is usual in chordee; the bowels were very constipated, and there were some internal piles.

By the middle of January these symptoms were intensified, although he had taken at different times, aconite, belladonna, cantharis, cannabis sativa, clematis, and nux vomica.

He was then seen by two of our colleagues, and an attempt was made to pass a sound into the bladder, but the irritability of the urethra and the pain were so severe, that the patient could not bear the operation to be carried out successfully, except under chloroform. It was therefore deferred for the time being; an examination per rectum was made, which revealed a very enlarged prostate and a mass of internal piles. The patient was kept in bed, had hot fomentations to the part, and such medicines and applications as seemed best suited for the condition. In about a month the patient was somewhat better, and able to be up and about again a little; at the same time the symptoms were never absent, and sometimes were very severe. He was then ordered *ferrum picricum* as being likely to act beneficially on the prostate. As there was no improvement in a month, *thuja* was prescribed, and was continued for about a month with no better result.

In May, the patient (a member of the British Homœopathic Society) received his *Journal* of the Society, in which there was a copy of the paper by Dr. Murray Moore, which he read before the Society in February, on "Staphysagria." Our colleague had there referred to some clinical experience by Dr. A. C. Clifton, published many years ago, especially in relation to prostatic disease. Other symptoms of the bladder corresponding largely with the symptoms of the patient under consideration, staphysagria 3x dilution, 3 drops three times a day, were therefore prescribed in this case. In four days there was mitigation of the *painful* symptoms; in ten days they had vanished; and from that time till now—a period of four months—they have not returned. Of course, all the mischief is not removed. There is still some enlargement of the prostate, and some constriction of urethra (stricture); there is also some constipation, and some piles remaining, but the pain and frequency of micturition, and spasm of penis, are no longer present. Hence, I think, this may be considered "An Unique Case."

NORTHAMPTON, *September*.

REVIEWS.

The Elements of Homœopathic Theory, Materia Medica, Practice, and Pharmacy. Compiled and arranged from Homœopathic Text Books. By DR. F. A. BOERICKE and E. P. ANSHUTZ. Philadelphia: Boericke and Tafel. 1905.

This unpretending little book is excellent. The Preface says: "This book has been compiled from the wide field of

homœopathic literature because it seems to us there is a demand for such a work. For years we have been receiving requests, especially from physicians, for a small work that would enable them to get an idea of homœopathy, its medicines, dosage, practice, etc., etc. No book that we have seen covers all these points, hence this compilation. No claim for originality, other than the condensation, is made."

The first part, of 40 pages, is taken up with a general account of what homœopathy really is, and is a capital introduction to any one who is ignorant of the subject and wants to have information.

The second part, on "Therapeutics," commences thus: "The true homœopathic prescription covers as closely as possible the 'totality of the symptoms'; that is to say, the drug whose proving presents the closest resemblance to a given disease is the drug that covers closest the totality of the symptoms. But during the century in which homœopathy has been practised many 'keynotes' of the various drugs in their application to the cure of disease have been repeatedly verified and confirmed, so that it is now possible to give 'guiding symptoms' in many diseases, by which the beginner may work very successfully. This section of our book is an effort to give, tersely, the keynotes and guiding symptoms of the various diseases named."

This aim is well carried out, and the section on therapeutics is as full, clear, and decided as space admits of. Each disease has the main homœopathic remedies which are used placed under it, with the dilutions most generally employed, and these are usually the medium ones.

The last section, "Materia Medica," gives each medicine recommended in the book, with their main, or prominent characteristic symptoms, the most characteristic ones being printed in distinguishing type.

The authors are to be congratulated on having produced an extremely useful book: useful to the physician who is a beginner in homœopathy and who wants to know its tenets, practice, and materia medica; useful also to the physician practising homœopathy, who wishes to have his memory well refreshed in a few minutes; and useful also to any non-medical man or woman who wishes to have a reliable guide in the "first-aid" treatment of disease, when far from medical advice. We anticipate a large circulation for it, and we wish it and its authors all success.

NOTABILIA.

BRITISH HOMŒOPATHIC ASSOCIATION.
MISSIONARY COURSE.

Distribution of Prizes in connection with the Second Year of Missionary Tuition at the London Homœopathic Hospital.

THE Distribution of Prizes was made at a Public Meeting held at the London Homœopathic Hospital on Wednesday, June 21st, 1905.

Captain Cundy occupied the chair. Lady Hope, as on a former occasion, graciously presented the prizes, with a few congratulatory words, to the recipients.

THE CHAIRMAN: "The Reverend Mr. Cape will kindly open the meeting with prayer." (Prayer.)

THE SECRETARY (Dr. Neatby) then submitted the Report. He said: "Mr. Chairman and Lady Hope, and ladies and gentlemen, I am sorry to say I have not a written Report. I shall therefore submit to you a verbal one, and it will be put into print at another time. We have now completed our second public session as a teaching body, a session lasting during 1904 and 1905. I had an opportunity of explaining last year that although we have been in existence for a short time only as an organized school, as I might call it, yet, for some years we have been engaged in this teaching work, communicating elementary medical knowledge to missionaries who are going abroad, or who have already been abroad. One of the missionaries thus informally educated by us will, I hope, address a few words to us presently. I wish now to make a few statements with regard to the work we have done during this past session.

There have been twenty-seven entries of students during the complete session. Twelve of these students entered for the whole, or practically the whole course. These ladies and gentlemen came from various organizations; some from unattached sources, and three or four from the Doric Lodge Training School, which is the Women's Department of the Harley College, Bow, a theological training college for missionaries going to all parts of the world in connection with different societies. The name of another student, Miss Ramsbotham, calls for more detailed notice. She was attached to the South American Missionary Association before she came to us, and now her interest in medical work has been so greatly stimulated by the training she received here, that she has retired from the course after one term's work, in order to enter for a full course of medical training, and so qualify as a

medical woman before she goes out to South America. Miss Coates, another student, who entered about the same time as Miss Ramsbotham, is already in South Africa. She had only about one term with us. Miss Coates was a trained nurse, but in spite of all the learning which is crowded into the head of a nurse, she was able to find something here which would help her, and she was very pleased to have had the opportunity of being with us. Mr. Karlin is working in connection with the China Inland Mission. Mr. Phillips has held an important position in the Nyassa Industrial Mission—a type of Mission which, I think, commands the sympathy of us all. Mr. Blatchley is an unattached missionary, who works for Christ at home in this country, and whenever he is able in the West Indies. Miss Holbek is also a student from Doric Lodge. Miss Johnson and Miss Pomeroy are both going to Indo-China, to work amongst natives and French settlers. Then there are Miss Isobel Johnson, Mr. J. Gould, and Miss Johnson. Mr. J. Gould is one of the missionaries I spoke of before, who profited by the work of this Hospital long before we had a settled course of this kind. He has been twenty-three years in Bechuanaland, where his work has been of a most useful kind, not only from the truly missionary and Christian point of view, but also from that medical standpoint which now more directly concerns us. Miss Harrison is associated with the Church of England Zenana Missionary Society, and Miss Francis. That completes the list of our students. I mention the names in detail, not that you will know all the people, but to show you the various sources from which our students are derived. There are other sources, indeed, than those I have mentioned. Miss Johnson comes from the Baptist Missionary Society, another lady from the London Missionary Society, so that in the truest sense of the word we have a *catholic* representation here.

Equally characteristic of our course is its *elasticity*; thus, while some (whom we are pleased to see) come only for a few weeks, others come for the whole session. We think it is more advantageous for the students themselves to come for the whole three terms, for reasons which we shall give, but we wish to make our course as elastic and as widely useful as we possibly can. Therefore we have made no red-tape rules, but have endeavoured to lay ourselves out as much as possible to meet the needs of every single individual who comes to us. The session is divided into three terms, and we have managed to crowd into those three terms no less than ninety-nine lectures—and I hope you are sorry for the students (laughter).

In addition to that, there has been every day a practical

demonstration of medical and surgical work in the out-patient department and in the wards of the hospital. The Autumn term lasted from October to December. It was begun with a course of lectures on anatomy and physiology, designed to prepare the way for the lectures on medicine and surgery which occupied the remainder of the session. During the Winter course, January to April, which was a long term, on account of Easter being so late, we had a repetition of the course of anatomy and physiology, because we expected, and we received, a large accession of new students at that time. In addition, there were lectures on First Aid to the Injured, on Tropical Hygiene, and Tropical Diseases, on Dentistry, and on the uses and properties of Drugs. One of the most important courses we have had, I think, has been the course of lectures on dentistry and practical dental instruction, because not only have lectures been given to the students, but all who wished to avail themselves of it have been able to go to a clinique of large proportions, where they were able themselves to do extractions, also, I believe, to do fillings. I have never seen this work practically carried out myself, but I can picture to myself these delicate ladies, with their slender wrists, tugging at a tough old molar—work I should not like to do myself, who have never pulled out a tooth in my life. I believe they have attained considerable proficiency. And when you reflect that more missionaries than one have had to go a fortnight's journey to get a tooth pulled out, you will see that our students will be able to do useful work in that department wherever they are found. The Summer session, May to June, was a short one, on account of the previous one having been so long; and it is still going on, with the exception of the lectures. The practical work is still open to anyone who is able to continue it. We found that we made our term a little too long, or closed it a little too late last year, and so we are closing earlier this year. During the present session there have been lectures on medicine and surgery for the sake of the new students, and to supplement those given before; also on diseases of the eye, on children's diseases—a course which is very much appreciated—on diseases of the ear and throat, on diseases of women, on nursing for men, and nursing for women, separate classes for the two sexes, addressed respectively by a man- and a woman-doctor. Similarly, midwifery or obstetric lectures for men and women; lectures on the use of drugs, more particularly from the allopathic standpoint, have been delivered during the present session. We have also had lectures on diseases of the skin. In connection with that I may say that all the lecturers were practically experts, if not

indeed specialists, in the various departments, so that we are not limited to a small selection of teachers. The practical work done includes the seeing and applying of dressings, and the seeing of operations. And with respect to this last I might make a short observation. Some people say, when they see the kind of work we show our students, What is the good of that? they are sure not to have to do that operation. Happily that is probably true, but the great point is that it is impossible for any student going abroad to know exactly what are the circumstances into which he or she will be thrown. They may be called upon, perhaps, unexpectedly, to assist a doctor in performing an operation of that kind, or to prepare or assist in preparing the patient for such an operation. And what they do learn by seeing operations is not to be afraid of the sight of operations. In the second place, they see how the patient is prepared; they are able to appreciate what real modern cleanliness is in an antiseptic sense. Students also see the use of the different instruments. And it is one thing to take up a knife or pair of forceps, or what not, for the first time, and quite another thing to handle them; and you learn something of these details, even though you do not have to perform big operations. Then medical in-patients and out-patients' work is conducted, and students have the opportunity of examining patients' chests and forming an opinion of the nature of their diseases, and so on. And similarly in surgical work.

The advantages which we, as a teaching body, enjoy, are largely due—in fact I might say entirely due—to the sympathetic attitude of the Board of Management of this hospital. In a certain sense the teachers of this missionary training course are an independent body, and yet in every sense of the word they are dependent upon the kindness and sympathy of the Board of Management. And I may say that from the beginning the Board of Management have viewed this teaching scheme with the greatest kindness, and, I might almost say, with enthusiasm. And that is shown to-day by the presence of our good friend Captain Cundy, who holds a very responsible place on the Board of Management of this hospital. He is one of the best friends of the hospital; he is also one of the best friends of missionary work in general, and his interests are world-wide. So that we, as a teaching body, very gladly offer our thanks to the Board of Management, and to Captain Cundy in particular, for the facilities which have been given to us to organize a course of training of this kind. I shall be very pleased to give any more details and particulars later on to any enquirers. The want of time and not the want of topics, prevents my saying more now.

The CHAIRMAN: Ladies and gentlemen, I think Dr. Neatby has in his speech, practically anticipated all that I might have said; and indeed I am quite dependent on him for all my information on the subject in hand. My duty is to give you a hearty welcome to-day to this meeting of the missionaries who are here for medical training. I always look upon hospitals as the fruits of the earthly ministry of our Lord Jesus Christ; for in the first place they have only been in existence since the time of Christ, and in the second place they are a concrete expression of that spirit of universal love which our Saviour came to preach and to diffuse. Further, the hospital, though a place of suffering, is also a place of God's visitation, and there are many sufferers in this and other hospitals who come in fearful and faithless, but who go out gladdened and believing. Now, dear friends, if you will allow me to call you so, because I suppose we are all one in Christ Jesus here, you are going out to carry the knowledge of healing that you have acquired here to other lands. There you will exercise in your measure that ministry—of which He Himself set the example when He was upon earth—a healing ministry. He won the soul, if I may say so, in many cases through the body, and it is along those lines that we can often best show what the work and mission of the Lord Jesus Christ really are. The people amongst whom you missionary doctors and nurses will go are very slow indeed to learn what God's love is. Their religions are religions of fear, and their worship a worship of deprecation. It is yours to show them that God is love, and to penetrate the darkness of their minds by your kindness to their bodies. They see a people of a different tongue, a different race, a different colour. They do not know why you have come. Beyond your exceeding kindness to them they know nothing. They come with their poor wretched bodies, sorely bemaused by their native doctors, whose arts are of the most barbarous and absurd description, and you, by ministering to them lovingly, out of the knowledge you have acquired here, endeavour through their bodies to reach their souls. Through your loving ministrations to their bodies they are ultimately led to understand the all-embracing love of God.

Here let me remind you of an exhortation of universal application—"Ask, and ye shall receive, seek, and ye shall find; knock, and it shall be opened to you." Our doctors sometimes think—and think quite rightly too—that by their own industry they have acquired knowledge and made discoveries. But the converse also is profoundly true, that God has revealed these things to the diligent seeker. And

what wonderful things God has revealed to us in the last fifty years, for the alleviation of suffering ! To mention one thing only, these awful operations, which could not have been thought of in days when anæsthetics were unknown, are done now quietly and deliberately, without suffering to the patient, and without perturbation to the surgeon.

In conclusion may I remind you that, though your rewards may be small here, your real reward is in heaven, and that God appreciates your daily efforts and your daily self-denial ? In continual anticipation of that high reward, and in daily walking with God, may you have the added joy of seeing the transfiguring knowledge of Christ enter into the hearts of those to whom you minister, so that when they have accomplished that allotted span which even your care and skill will not be able to prolong, they may pass into that everlasting life which Christ has come to give us all !

I will ask Lady Hope if she will now kindly distribute the prizes, and say a few words to us.

LADY HOPE : I think the least we can do to encourage those who have been labouring with that noble and double object in view, of which our chairman has spoken, is to spend a few minutes together in this way, in trying to realize the amount of toil and labour, and efficient labour too, which has been gone through for such a glorious purpose, not only to alleviate, as here, the sufferings of the needy and the sick, but to lead people to a higher aim and to bring them that "strong consolation" which is spoken of in Scripture. I do not know any question in the whole world which interests me more, and that is saying a great deal, than the question how far remedies can be brought to meet accurately a particular need, whether it be for the soul or for the body. To put it in a very matter-of-fact way, if you and I were called into a room where we found a person bowed down with grief or pain, seeing no light, but only a dark cloud of misery which hung over his life for the present, and perhaps for the future, and having no comfort, what should we feel if we had to go away with the conviction that nothing could be done and that there was no remedy ? I do not know anything more over-powering to oneself than to feel utterly helpless to alleviate suffering. And, after all, that feeling which I suppose is common to the hearts of us all, is only a slight echo or reverberation of a chord which so powerfully throbbed in our Redeemer's heart that He said, "Ought not Christ to suffer ?" He felt compelled to leave His realms of glory and step down into this earth, seething with sorrow and suffering and sin. There was that factor in His life : "I must bring some remedy to bear on all this misery." And in

connection with that it is very interesting to see how He healed people. A little book was given to us at Cannes the other day, called, "The Gospel of Healing," by Dr. Simpson, of New York. There is, I think, one page of it in regard to which I do not agree with him, and I think it is probable that you would not either. But all the rest of it is most intensely interesting, because the author shows that the Lord Jesus Christ took up specimen cases of every kind of misfortune, and every kind of sickness there is in the world, and He treated these with His healing power, so that nothing should be left out—so that it should be impossible for anyone reasonably to speak as an unfortunate man, a professing Christian too, spoke to me the other day. In answer to my exhortation to him to ask the Lord in faith to direct him to the right remedy for his sickness, he said: "My dear lady, do not torment me, do not tantalize me. It is quite true that the Lord might heal nerve cases, but not tuberculosis." I am not quite sure whether it was tuberculosis in his case, but I remember that he said about himself: "Is it possible that the Lord could cure me? Impossible, it is quite out of the range of possibilities." "But," I said, "why do you go to a doctor if it is impossible? You waste your time by doing so." "That is a different thing," he said. Well, now, I do not see that it is a different thing. On the contrary, I think it is both beautiful and according to common sense, that we should apply to the best doctor we know, and at the same time plead with the great Physician to make the earthly but God-given remedy divinely blessed to us. You will agree with me in that, because you have taken up the consideration of this subject in connection with the Gospel. And most delightful and blessed it is to see how far we can utilize believing prayer in the treatment of disease. I believe that, in the first place, we may ask to be guided to the right remedy, and in the second place we may ask that that particular remedy may be blessed.

You will remember that we are told in the very last chapter of the Bible, of the Tree of Life, that "the leaves of the Tree were for the healing of the nations." There is no verse which has given me more comfort than that. The leaves of the tree, like your own homœopathic pharmacopœia, present such marvellous variety. Think of the leaves of a tree; there are no two leaves of any tree alike. Then compare the oak with the elm; none of their leaves are alike. And so you may look upon the whole botanical world, as a sort of heavenly picture of that which is possible on earth. And its message surely is that there is an infinite variety of remedies and consolations in this world, for those who are suffering.

And those ladies and gentlemen who are going to devote themselves to this real work could not choose a higher and nobler sphere. What they want to do is to pluck those leaves of healing and apply them lovingly and skilfully to the wants and sorrows and sufferings of wounded men. I believe we may anticipate you will have a great success in such Christ-like work as this. There is not a nurse to-day bending over a sick bed who is not consciously or unconsciously doing Christ's work. And if, in addition to those kind attentions to her patient's body she could bring divine comfort into his soul, how great her influence would be! Or if the doctor, in giving his prescription, could also have a thought for the soul, how admirable it would be, not only because the soul is more than the body, but because the soul, as you know, reacts upon the body. I have heard doctors say, "I can do nothing for that woman as long as she is in that state of despair, she is so utterly crushed and broken down that remedies seem to have no effect." Surely it is in such a case as that that we feel the value of our double calling, not only to touch the body, but to bring comfort to the mind. I remember very well an incident that happened to me in the Infirmary at Edinburgh. I was visiting the beds in my own particular ward—the men's ward—and as I was sitting talking to a young man, the door opened and an old man, with a long white beard, came in. Every face in the ward lighted up. I said, "Who is that man who can make all these grave people smile when he comes in?" The young man said, "I do not know his name, but he is here almost every day; we call him father, and they all like him very much, because he is so kind." The old man came up and spoke to me. He knew my name, he said, and he had come on purpose to see me, not the patients. "When you were a little girl in India," he continued, "and lying very ill in hospital in the Nilghery Hills, and when the other doctor of the town had given you up, I was called in, and I was enabled, by God's goodness and mercy, to cure you." I said, "What is your name?" And the moment he mentioned it I recalled the hero of my childish days—a fine strapping young man of whom my mother had told me that he saved my life. I need not say he was a homœopathist. The old man then told me his story.

"Many years ago, at a time when cholera was raging in Edinburgh, I was working here as a resident medical officer. Our wards were full of cholera patients, and deaths were occurring daily. Owing to the great pressure of work and anxiety, some of our staff had broken down, and the rest were feeling that their responsibilities had almost touched the limit of endurance. One evening at about five o'clock, as I

was busily engaged in my preparations for the night, there came a tap at the door, followed by the entrance of a tall young woman of striking appearance, and with the most intense earnestness written on her face. 'Are you the doctor in charge of the cholera wards?' she asked. 'Yes, madam,' I replied. 'I want to ask you,' she went on, 'the very greatest favour. Will you allow me to spend to-night in the cholera wards?' 'Madam,' I replied, 'you do not know what you are asking. It is all we doctors can do to get through our work, and it would be impossible to allow strangers in the room.' 'Oh, I beg you,' she said in reply—and the tears were rolling down her cheeks—'I beg you to break all your rules for once and allow me to stay. I will give you no trouble. I have such a longing to save the souls of these people in the cholera wards. They are dying. Will you not let me come and speak to them of Jesus?' I became excited and almost angry (I was practically an infidel in those days), and I said, 'I must request you to cease this conversation.' 'Well, then,' she replied, 'if I may not come in, will you, as you go to each dying patient, point the sufferer to Jesus? He will save!' I walked to the door and I said to her, 'May I ask you to leave? My nerve is already overstrained, and I cannot stand this conversation.' She said, 'Good-bye,' and was gone. That night was the most awful of my experience. There were more deaths than usual, and I felt for the first time the intolerable agony of seeing men die dark and troubled, and of being utterly unable to help them.

"As the early hours of the morning drew near, instead of going out for my usual early walk, I fell on my knees in the dispensary, and cried to God for I hardly knew what. At five o'clock I heard a knock at the door. It was my visitor of the previous evening. She came in very hurriedly, and, producing a beautiful little purple Bible with a gold clasp, she said, 'This is a little gift which I ask you to accept from me. Please read what I have written on the fly-leaf.' There I found the words, 'Wherewithal shall a young man cleanse his way? By taking heed thereto according to Thy word.' I never saw that lady again from that day to this, but her words and her face and the little Bible she gave me produced so deep an impression upon me that I gave my heart to the Lord. Just at this time I obtained an appointment which required me to go to India. Being in much doubt as to whether I should accept the appointment, I made this covenant with God. I said, 'O Lord, if Thou wilt bring me back from India safe and sound in soul and mind and body, and wilt not suffer me to come under the power of sickness or temptation while I am in that foreign land, I will devote every hour

of all my remaining days to Thee, and I will come back to this hospital and visit these patients.' God blessed me with health and prosperity, and after a good many years spent in India, I was able to return and take a little house sufficiently near to this hospital to enable me to run in and visit the patients every day."

Such was the story that the white-haired old doctor told me in the wards of the Edinburgh Infirmary.

Dear friends, I hope that you too will have the double satisfaction of relieving the physical sufferings of those with whom you come in contact, and of leading them spiritually into that life which is life indeed. But may I beg you to undertake this work with the power and the love of God in your hearts, and with a strong faith bent on calling down a blessing upon those with whom you deal day by day. May God bless you in the noble profession you have chosen, and make it more and more delightful to you! When you are weary, may He give you rest! And when you are cast down, may you hear the whisper of divine encouragement!

DR. NEATBY: In connection with the distribution of prizes, I would ask to be allowed to explain that the choice has depended not only on the examination marks, but also on the regularity and assiduity and intelligence that those who have gained the prizes have shown. And perhaps on behalf of those who have not gained prizes, I should say that in many instances it is certainly not their fault; for many who have been extremely interested and have done good papers where they were able to be present at the examinations, have been hindered by some cause from being with us at all the times of examination. Some of the students have been away on deputation work; others have been so detained by the calls of their own college training, Christian, religious, Bible training, which they have been going through, and to which our own training is, as it were, tacked on, that they have been unable to devote full time to it. Had many of those students who have not gained prizes been able to devote all their time to it, I am sure they would have stood an excellent chance of gaining a prize. And I say that particularly because I may be allowed to apologize for my own sex, who stand some way down the list, and to say that they have shown at any rate an equal degree of enthusiasm, interest and intelligence to that of some of the prior prize winners. The winner of the first prize is Miss E. Cumming, who is a student at the Doric Lodge Training Institute for Women in connection with Harley College. The prize consists of a case of surgical instruments, a case of First Aid dressings, a pocket index of diseases and homœopathic treatment, and

a small volume on the Treatment of Diseases of Women. Miss Cumming is attached to the Baptist Missionary Society. The second prize is gained by Miss Joan Glass, associated with Mr. Huntingdon Stone's Training Home for Missionaries, and who is going abroad, if God permits, in connection with the Brethren's Mission. It consists of a similar case of surgical instruments, and a book on Childhood and its Diseases. The third prize is won by Mr. Cartwright, of Harley College, Bow, a college well known to all interested in missionary work. It consists of a smaller case of surgical instruments, and a book on Minor Surgery and Bandaging. He is going to the Congo. The fourth prize is taken by Miss Mackenzie, who is going to labour in Spain. She is an unattached missionary. Her prize consists of a case containing a hypodermic syringe, etc., and drugs for injection under the skin, and two small books, on Diseases of Children, and Diseases of Women. The fifth prize has been obtained by Mr. Owen Warren, of the China Inland Missionary Society. He is shortly going to Central China. The prize consists of a hypodermic injection case, together with a book on Minor Surgery.

DR. BURFORD: Captain Cundy, ladies and gentlemen. It is my delightful task to propose a vote of thanks to Lady Hope for her kind and gracious presence here to-day, no less than for the inspiring advice and counsel which she has so liberally bestowed, obviously out of the depths of her own experience. It is not the first time she has done us the honour at meetings on similar occasions, and we may hope for an indefinite series of pleasant afternoons in succeeding years, under your own chairmanship and with her assistance. As the time has elapsed I will not elaborate any further remarks, but beg to ask you, Sir, to be so kind as to put to the meeting the necessity of their manifesting in the most obvious way, their appreciation of Lady Hope's presence this afternoon. (Applause.)

THE CHAIRMAN: I am sure we shall all heartily concur in Dr. Burford's proposal. Personally, I am particularly indebted to Lady Hope for the very stimulating address which she has given to us.

The vote was carried by acclamation.

LADY HOPE: It is a very great honour that I should be singled out of all the great population of this city to come and distribute your prizes and offer a few words of congratulation.

THE REV. A. T. CAPE: Mr. Chairman, ladies and gentlemen, It gives me very great pleasure to have the opportunity of saying a few words to you this afternoon, as I occupy the proud position of being one of the first students that came

here. It is now over seven years since I left the hospital, but I have always remembered the very great kindness that I received in those days. I am under a very great obligation, both to the committee and to the medical staff of this hospital. At times I am afraid I must have been a very great nuisance. I had a very enquiring mind, and asked large numbers of questions. But I never met with anything like impatience, and always received the most courteous answers to my innumerable questions. I am afraid I must sometimes have delayed the doctors from getting home at night, and I can imagine their excusing their lateness on the plea that they had to spend an hour "with that fellow Cape, trying to explain the difference between an aneurysm and an abscess." I am very much obliged to the authorities here and the medical staff for several reasons. First of all, there are personal reasons. I am deeply grateful when I think how useful the things I learned here, seven years ago, have been to me in my work abroad during those years. I know Sir, there is a prejudice in some quarters against amateur doctors, and if that prejudice is only confined to the home land, I quite agree with it, where there is a red lamp to be found in every street for those who can pay, and where institutions like this are scattered over the whole country for those who cannot pay, or think they cannot. You know it is said that a man who is his own lawyer has a fool for a client; and I think that where a man is his own doctor, except for the very smallest and simplest complaints, one can say, as far as this country is concerned, that the doctor has a fool for his patient, and the patient has a fool for his doctor. But in regard to foreign countries—and I speak of a country of which I have some experience—India—that is not so. My experience is that a **MISSIONARY ABROAD, WHETHER HE IS TRAINED OR UNTRAINED, WILL DO MEDICAL WORK.** I do not think I ever lived more than thirty-five or forty-five miles from the nearest doctor, but he had something like two millions of natives to look after, and was only helped by a few native assistants, and I have always been able to get his services in a few days. But you know, Sir, that India is pre-eminently the country of sudden sickness and sudden death. Twenty-four hours often cover the sickness, the death, and the burial, and one cannot afford to waste the few precious minutes, nay moments, at the beginning of a sickness in sending for help which may take hours to arrive. A friend of mine in the Calcutta district was a student here at about the same time that I was, and he was sent for to shoot a leopard which was destroying some villagers not far from his house. He bravely went out to slay the beast, but the arms were very unsatisfactory for

the purpose. I think he had an old pin-fire breech-loader, a small saloon rifle, and a revolver which would not work. And with these he went out to slay the leopard. The beast suddenly made an attack upon him, he missed his shot, and the leopard got him by the arm and inflicted a severe wound on the elbow. You know how very dangerous the bite of an animal like that is; the teeth are almost always infected with some putrid matter, and it is very apt to lead to blood poisoning. There he was, many, many miles from the nearest doctor, and when he felt in his pocket he found that he had not even his pocket-knife. He knew that the course of treatment was to clear out these wounds as vigorously as he could. So, as he had not got his knife, he took a bottle and smashed it against a stone, and with a piece of the glass managed to scoop out the wounds in his arm, and I think it was mainly because of that rough treatment that he got well, and his arm was saved. I think it took him thirty-six hours after that to get to a doctor. And then, in regard to one's treatment of oneself, many of the diseases which one suffers from abroad are not very dangerous, and one could not send for a doctor, twenty or thirty miles, to come for those complaints. And then, I am glad and grateful for what I learned here in relation to others. The missionary will always have the natives come to him for treatment. Many a time I have pitched my camp in a grove of trees in North India, and have not been long seated in my tent before I have had natives come up with requests for treatment in some way or another; and it is a pitiable thing if the missionary, through ignorance, has to say to these natives, "I can do nothing for you; you must go home." The truth of the matter is, that they do not go home; they go to some native doctor, and very often he treats them in a very abominable way. You know, after all, we have not to compare the unqualified missionary doctor with the qualified doctor, nor have we even to compare what he does with what mother Nature does sometimes if we leave her alone (for sometimes she works wonderful cures), but we have to compare the missionary doctor with the native doctor, and we have to contrast his treatment with the native treatment. I know that an untrained missionary doctor sometimes will make mistakes in his treatment. I have even heard it said, Sir, that fully qualified M.D.'s sometimes make mistakes—although I believe that is a slander. But, however many mistakes the missionary doctor may make, he will make infinitely fewer than the abomination who lives in an Indian bazaar, and calls himself a doctor. And I can tell you many stories about treatment which have come under my own notice. One of the favourite methods of treatment

in India, and not an altogether dangerous one, is for the patient to go to the Mohammedan priest, who writes on a piece of parchment some verse out of the Koran, and then washes it off into a little water, and the patient drinks the water. I do not think there is very much harm in that, unless the verse is a very long one. I know of another case, a very sad one. A woman lived in a town I was stationed in, who, when she was a young girl, had what I believe was a simple inflammation of the eyes. She went to a native doctor, who filled her eyes with quicklime. The result was total blindness. Another pitiable case came under my notice in Benares. A little girl was taken into the hospital there, who had first been taken to some native doctor for pain in the ear. This native doctor had actually scraped out all the middle ear and left the cavity raw and bleeding. There are many stories I might tell you like these, but I have no wish any further to harrow your feelings. But what I want you to see is, that when you speak of unqualified missionary doctors, you must compare their efforts with the efforts of these men in India, whose treatment leaves the patient infinitely worse than before they treated him. However untrained, and however little trained a missionary may be, he can do something better than that. And then I am grateful for what I learned here for my work's sake. There is an awful gulf which lies between the East and the West, and sometimes it seems almost impossible to bridge it. The Eastern people differ from us in their customs, their habits, their thoughts, their feelings, their character, and their languages. But, you know, pain is expressed in the same way, in all tongues, and the man who can relieve pain is the man who has the sure key to the hearts of the people. When I first went to India, I was sent for to visit a woman in a Mohammedan zenana. She had been kept strictly veiled and kept from the sight of men; no man had seen her except her Mohammedan relatives. I went into her house and was taken into the verandah and the purdah was hanging down. And I said, "Where is the patient?" They said, "She is behind that curtain." I said, "Well, I must look at her if you want me to doctor her." They said, "Yes." I lifted up the purdah, but as soon as the woman saw my face under it she said, "Oh, let the purdah fall." I did so, but I said, "I cannot doctor her unless I see her." She was suffering from pneumonia, which soon yielded to treatment. And afterwards, when I went to that house, the people of it came out and fell down at my feet and put their foreheads on to my feet. That, of course, was very confusing, and I got away as fast as I could; but it was clear that they were very

grateful. At another house they sent for me to see a little baby which they thought was dying, and which I thought was suffering from bronchitis. I had a very anxious time with that baby, and went twice a day. I thought at first it was going to die; but gradually it got better, and at last it was quite restored. Then I said, "It is all right, I shall not come again." Then the mother took up the black baby and put it into my hands and said, "Sahib, it is yours now." Of course I made haste to give it back again.

Our work is helped considerably by the knowledge and the power which we gained here, and I am very glad to have this opportunity of testifying to the benefit that I have derived from the things I learned in this hospital, and very glad to have the opportunity of expressing my gratitude to the Committee and the Medical Staff.

THE CHAIRMAN: I will now ask Mr. Warren, of the China Inland and India Mission, to speak. And may I express my own sympathy with that mission, and the sympathy of the Christian world at large, in the loss of their great and good leader, Mr. Hudson Taylor.

Mr. Warren: I wish to express, on behalf of the students present, and those who have already left for different parts, our gratitude and appreciation of the patience and sympathy which have been shown us by the medical staff. I would like to say with regard to the dental work, which Dr. Neatby referred to, that I think all of us have felt that to be particularly useful, because it is something which we can definitely do, and we know when we have done it, too. (Laughter.) The first night I went to the dispensary to take out a tooth, the dentist was telling me the name of the tooth, and so on, and as I was about to put the forceps into the patient's mouth, he jumped up and shouted, "I do not want to be experimented on." And the dentist told him there was the door, and we had another patient in. I am glad to say that in the later days we used to get the thanks of the patients afterwards, and latterly I have had a little private practice on some of our students at the Training Home. One of them is here now.

DR. NEATBY: I may say, on behalf of the teaching body, that we are pleased to hear an expression of opinion like Mr. Warren's, and we are very glad to have been of use to the students here. It is very pleasing to hear from Mr. Cape, that the course of training here is of some real use out in the mission field. We are a little handicapped in arranging the course so as to make it applicable to everybody. When I was a medical student I was told what lectures to attend, when to go to the out-patient department, when to go to the

wards, and so on. But in this course the students are between two or three fires, their training colleges and the teaching here, and we have to try and fit things in as best we can, so that arrangements are not always as satisfactory as they might be. At the same time, they are the best that we can manage so far.

MR. GOULD: Mr. Chairman, ladies and gentlemen, As one who was here some years ago, at the same time as Mr. Cape was here, I am very grateful for the opportunity of giving expression to my feelings in regard to these missionary training classes. When I was in South Africa, my little boy was seriously ill, and after trying our best to help the little fellow, I called the doctor in. Happily, he only lived about three miles distant from us; but when he came he took the opportunity of telling us that a little knowledge was a very dangerous thing. Well, so it might sometimes be; but when as has happened in my own case, the missionary is some ninety or even one hundred and twenty miles away from the nearest doctor, a little knowledge may be extremely valuable. In fact, it would not be safe for missionaries to go out to their stations without some knowledge of medicine. And here we find the medical training that we require. Having been in South Africa for no less than twenty-three years, I have had a good term of testing what this knowledge can do for us. So when I came back seven years ago, I was desirous of getting more knowledge, and I obtained it here. That additional knowledge has been exceedingly useful. Ever since then I have been up in South Matabeleland, and although we were within twenty-three miles of the nearest doctor, yet cases arise where immediate attention is necessary, and I have found I have been able to give that help, with satisfactory results. I do not wish to detain you this afternoon with further details, but I want cordially to thank the staff and the Board of the Hospital, and all those who have in such a kind and practical manner put so much valuable information in our way. I think that in saying this I am voicing the feelings of all the students here who have taken up these classes. It is my duty to-day to propose a very hearty vote of thanks to Captain Cundy for his kindness in attending this meeting and presiding over it, and also for the very encouraging and helpful address which he has given us this afternoon.

The resolution was carried by acclamation.

THE CHAIRMAN: I am sure that my colleagues, when I tell them of your kind appreciation of our efforts, will be very gratified. But it is to the Staff that you are mainly indebted, for their great attention, skill, and kindness. I have

never been more than a Sunday-school teacher myself, but I think the gift of teaching wants very much encouragement. (Laughter.) People may know a great deal, but all have not the power of imparting what they know. In conclusion I may say that we are very sensible of your kind appreciation of our efforts.

The meeting was closed by the Chairman asking God's blessing upon the students and their work.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

CIRCULAR LETTER.

WE have received the following Circular Letter, and have much pleasure in publishing it :—

" At the sixty-first annual meeting of the American Institute of Homœopathy, held in Chicago, Illinois, June 26th to July 1st, 1905, the Special Committee on the International Congress offered the following resolutions, which were adopted unanimously :—

" *First.*—That the next meeting of the American Institute be held in connection with the International Congress within the first two weeks of September, after the third of the month, and that the Committee on the International Congress in connection with the Executive Committee of the Institute be directed to make the necessary arrangements.

" *Second.*—That the American Institute of Homœopathy extends a cordial invitation to all organizations of homœopathic physicians as well as to individual homœopathic physicians, to join in this Congress under the auspices of the American Institute.

" It was later voted that the scientific sessions of the American Institute of Homœopathy be merged with those of the International Homœopathic Congress.

" Briefly outlined the chief purposes of the Congress will be :—

" *First.*—The presentation of Reports on the present status of Homœopathy as represented in Hospitals, Dispensaries, Educational and other Institutions and Societies; by the number of its avowed practitioners, by its periodical and permanent literature, and by its legal recognition in the different countries of the world.

" *Second.*—The presentation and discussion of essays and communications on medical subjects, covering especially those departments of the medical sciences and medical practice with which a knowledge of drug pathogenesis and homœopathic therapeutics is especially identified.

" *Third.*—The presentation and discussion of such other

subjects as may be related to the further development of a sound and reliable materia medica, the promulgation of the truths, and the general and special progress of homœopathy.

"*Fourth.*—The presentation and discussion of essays on subjects of general and practical interest other than those intimately connected with homœopathy, such essays to be presented to the appropriate bureau or affiliated sectional society.

"The American Institute of Homœopathy, in deference to the convenience and expressed preference of British and Continental colleagues, voted to hold its next annual session, and the meeting of the International Homœopathic Congress, within the first two weeks of September, from the 3rd to the 8th, or the 10th to the 15th inclusive. The place of meeting will be Atlantic City, New Jersey. Full data concerning the meeting will be announced in due season.

"Persons eligible to membership will be all homœopathists in good standing in the countries in which they reside. No membership fee required.

"To enable the Committee to do its work and ensure a memorably successful Congress, it is requested that the titles of all essays and proposed communications be in the hands of the Committee not later than January 1st, 1906, and that synopses of the scientific papers be handed in to the same Committee not later than June 1st, 1906.

"Papers read by their authors will have precedence in presentation to the Congress.

"All homœopathic institutions, societies, and organizations, of whatever nature, are urged to send delegates and authorized representatives to the Congress.

"Reports from organizations and institutions will be duly and formally presented to the Congress if said organizations and institutions find it impossible to send delegates.

"The Committee charged with the duties of arranging for this International Homœopathic Congress cordially seek your assistance and earnest co-operation, and heartily invite you to be present at the Congress.

"If physicians who plan to attend the Congress will send their addresses, and those of the members of their families or friends who propose to accompany them, to the *Secretary of the Committee*, at the earliest possible date, the courtesy will be much appreciated and will greatly facilitate the making of arrangements for the Congress.

"*Committee.*—J. H. McClelland, M.D., Pittsburgh, Pa., *Chairman*; J. B. Gregg Custis, M.D., Washington, D.C., H. F. Biggar, M.D., Cleveland, Ohio, O. S. Runnells, M.D., Indianapolis, Ind., J. P. Sutherland, M.D., 302 Beacon Street, Boston, Mass., *Secretary.*"

CHLORIDE OF SODIUM AND NEPHRITIS.

IN "Diseases of Kidneys," in *Progressive Medicine*, 1904, by Dr. Rose Bradford, under the heading of "Elimination of Chlorides in Nephritis," occurs the following :

"Roque and Lemoine regard large doses of chloride of sodium as harmful in Bright's disease and nephritis, as they think that large quantities of common salt may not only cause dropsy to return, but that, in addition, uræmic symptoms, such as dyspnœa and coma, may be produced, and they think that these are dependent on œdema of the lung, or of the brain. Although chlorides in large doses are looked upon by these authors as very harmful in chronic nephritis, yet they think that occasionally they would seem to produce beneficial results, and they record one case where, after the free administration of common salt, the functional activity of the kidney was increased. They draw attention to the fact, that several substances which, in large doses, have an injurious action on the kidney, are sometimes beneficial in small doses in certain cases, and they mention that Lancereaux has even seen an improvement, strange as it may seem, in some cases of Bright's disease, by the use of small doses of cantharidin."

4, Leinster Square, W.

D. MACNISH.

CLAY PILLS AS A TREATMENT FOR PILES.

WE note with pleasure the insertion of the following, from the *British Medical Journal* of September 16th, in the column headed, "Letters, Notes, and Answers to Correspondents." Dr. Clarke has done well in thus writing to the *British Medical Journal*, and the Editor has done well in inserting it.

"Dr. John H. Clarke (London, W.) writes : Your correspondent, 'General Practitioner,' who relates the interesting case of internal piles cured with clay pills in the *British Medical Journal* of September 9th, suggests that perhaps 'some of our great students of therapeutics can throw some light' on what to him is a strange phenomenon. Without pretending to be a 'great student,' I may be able to give your correspondent some assistance by referring him to the article 'Alumina' in any homœopathic *Materia Medica*, my own *Dictionary of Practical Materia Medica* among the number. Alumina, oxid of aluminium, is 'pure clay.' Common clay is not pure, but the bulk of it consists of a hydrated silicate of alumina, and any physiological or therapeutical properties it may possess must be ascribed mainly to the alumina it contains. So far as my information goes, Hahnemann (*Chronic Diseases*,

vol. ii.) was the first to test alumina (or 'argilla') physiologically, and he demonstrated that amongst other properties it had a very decided action on the rectum and anus, producing constipation and symptoms of piles, which have provided homœopaths with indications for its use in these affections ever since. Therefore 'clay pills' as a remedy for piles do not constitute a strange phenomenon to homœopaths. It may be interesting in this connection to note that common alum—a double sulphate of aluminium and potassium with water, one of the most potent astringents known—is also one of the leading remedies amongst homœopaths for aggravated cases of constipation and piles, and it is also the chief homœopathic antidote for many of the effects of chronic lead-poisoning, notably the constipation."

BRITISH HOMŒOPATHIC ASSOCIATION.

DONATIONS :—

June 13th to September 18th, 1905.

General Fund.

| | | | | | |
|---|----|----|----|----|---|
| Rt. Hon. The Earl Cawdor | .. | .. | 50 | 0 | 0 |
| Sir George Wyatt Truscott | .. | .. | 21 | 0 | 0 |
| Dr. George Burford | .. | .. | 12 | 10 | 0 |
| Dr. S. Gilbert (per Dr. George Burford) | .. | .. | 10 | 0 | 0 |

Ladies' Northern Branch.

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|---------------------------|----|----|----|----|---|
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Ladies' Branch.

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| Mrs. Barnes | .. | .. | 1 | 1 | 0 |
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Medical Missionary Course.

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|--|----|----|---|---|---|
| E. Karlin, Esq., per Dr. E. A. Neatby | .. | .. | 4 | 4 | 0 |
| Capt. James Cundy (per Dr. E. A. Neatby) | } | .. | 5 | 0 | 0 |
| towards expenses of Prizes for Missionary Students | | | | | |

One Thousand Guinea Fund for the London Homœopathic Hospital.

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| Hy. Manfield, Esq., J.P. | .. | .. | 10 | 10 | 0 |
| G. C. Robinson, Esq. | .. | .. | 3 | 3 | 0 |
| Lady Harland | .. | .. | 1 | 1 | 0 |
| T. H. Hayle, Esq. | .. | .. | 1 | 1 | 0 |

Sept. 18th, 1905.

CORRESPONDENCE.

"FUNCTIONLESS ORGANS."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I always look forward with much pleasurable anticipation to the perusal of regular periodical homœopathic literature, and not least to that journal which you so ably conduct and edit. I know not whether any of your readers, either professional or non-professional, will have been impressed as I have been after reading this month's issue, by the essay, reprinted from the *Pacific Coast Journal of Homœopathy*, entitled, "The Relation between Inflammatory Diseases of Gall Bladder and Vermiform Appendix." After a careful perusal of this essay, I asked myself two questions; viz.:

First.—Where does homœopathy come in?

The writer has not confined herself to a philosophical dissertation upon the relation between these two diseases, but gives a detailed account, to the most trifling minutiae, of surgical operations; but not a word about therapeutic measures!

Second.—What would Hahnemann say to such an article appearing in a recognized homœopathic journal, could he for the nonce appear among us?

The main object of the essayist appears to have been to inform all and sundry, who may either have listened to the paper or read it, as I have done, that in her opinion the Great Creator did not know what He was about when he created man and beast, and further that, because she, among many other learned persons, does not fully understand the object and purpose of certain portions of the animal economy, therefore they are functionless and useless, and had better be snipped off, and in public estimation thus bring considerable *kudos* to the operator. Personally, I am perfectly satisfied with the work of the Great Creator as I find it, though there is much that I do not understand and cannot account for, and I am confirmed in this satisfaction by the great natural law, *Similia similibus curantur*, which, I doubt not, is of God's appointing, and which, during some twenty odd years of active practice, has enabled me to cure such diseases as may arise in the lower animals in the gall-bladder and the cæcum, without resort to surgical operation, or to lopping off any portion of the animal economy.

I may point out that it is not generally considered that the gall-bladder is such a functionless organ as the essayist asserts; for instance, the process of digestion in some animals, such as the carnivora, is intermittent; and as the secretion of bile is a constant process, a reservoir like the gall-bladder

becomes a necessity. Again, bile which has accumulated in the gall-bladder changes its original characteristics, and becomes more concentrated, by reason, apparently, of the action of mucin, secreted by the mucous membrane of the gall-bladder, for which there is no doubt good and sufficient reason in the order of Providence, for the more satisfactory completion of the function of digestion in the particular animal so provided, bearing in mind the special form of aliment partaken of.

Then in the solipedes, especially the horse, the gall-duct is, in one part of it, considerably dilated, and so forms a sort of pouch, which, no doubt, corresponds in a certain degree to the gall-bladder modified. For the facts enumerated I am indebted to that valuable work by R. Meade Smith, entitled, *Physiology of the Domestic Animals*. I have formed the opinion that the presence or absence of the gall bladder is regulated by the requirements of the processes of digestion, in accordance with the nature of the food mainly relied upon by the particular animal. Certain groups of the herbivora rely upon a diet that, though vegetable, is chiefly nitrogenous; omnivora and carnivora do so also, only instead of being largely vegetable it is mainly animal. All these require a supply of bile to fall back upon, and not only bile, but such bile as has been changed and altered in its characteristics, by being stored in the gall-bladder. Hence it would appear that the gall-bladder is not such a functionless organ after all; and, in my judgment, we may safely conclude that, even allowing the presence of gall-stones, the homœopathic materia medica may be trusted to point out a remedy that will cure the disease, and that neither in the case of the gall-bladder nor the vermiform appendix need the lopping off of either organ be resorted to.

Fortunately for the credit of homœopathy, this month's issue of your valuable journal includes a clinical experience in the treatment of a far-gone appendicitis, which it is to be hoped many doubting ones will mark, learn, and inwardly digest.

Yours faithfully,

J. SUTCLIFFE HURNDALL.

Launceston Place (formerly called Sussex Villas),
Kensington, W., 6th September, 1905.

WE have received a copy of a letter from Dr. E. B. Nash to Dr. Margaret L. Tyler, who sends us the letter, giving a list of over one hundred C.M. potencies of various medicines. Dr. Tyler requests us to state that she will be happy to supply "grafts" of any of these medicines to any one who applies to her for them.—EDS. *M. H. Review.*

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is 10, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30: Out-patients, 2.0; daily); SURGICAL, Out-patients, Mondays, 2 P.M., and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.; Dental Cases, Fridays, 9 A.M.

Communications have been received from Drs. MARGARET L. TYLER, GOLDSBROUGH, MACNISH, Mr. DUDLEY WRIGHT, Mr. HURNDALL, Mr. F. KING (London), Dr. A. C. CLIFTON (Northampton), Dr. CASH REED (Liverpool), Dr. SUTHERLAND (Boston, U.S.A.).

BOOKS RECEIVED.

The Elements of Homœopathic Theory, etc., by Dr. F. A. Boericke and E. P. Anshutz. *Old Glasgow Hospitals*, by James Erskine, M.A., M.B. *Thirty-ninth Annual Report of the Homœopathic Medical and Surgical Hospital of Pittsburgh, Pa.* *Homœopathic World*, September. *Vaccination Inquirer*, September. *Calcutta Journal of Medicine*, August. *American Physician*, August. *Homœopathic Recorder*, August. *The Clinique*, August. *Medical Brief*, September. *New England Medical Monthly*, July. *Medical Times* (New York), September. *Hahnemannian Monthly*, September. *Pacific Coast Journal of Homœopathy*, August. *Medical Century*. *North American Journal of Homœopathy*, September. *Homœopathisch Maandblad*, September. *Annales de Médecine Homœopathica*, May, June and July. *L'Art Medical*, August. *Allgemeine Homöopathische Zeitung*, August 31 and September 14.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour St., Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Ltd., 59, Moorgate St., E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

CONGRESS NUMBER.

WE wish to make the present number a Congress number specially, and we publish a full report of it, with the exception of DR. GOLDSBROUGH's presidential address, which appeared in our October issue. The space occupied has been so large, that we are compelled to cut out our usual Leader. We regret also to have to defer two interesting letters in regard to the "New Preparation of Phosphorus."

ASTHMA FROM A REFLEX POINT OF VIEW.*

By DUDLEY WRIGHT, F.R.C.S.

Surgeon to the London Homœopathic Hospital, etc.

THE sudden incidence, and the no less rapid decline, of most asthmatic seizures, must suggest, even to the most superficial observer, a nerve storm brought about by some influence acting on the periphery, and such a phenomenon, to all intents and purposes, constitutes a reflex act.

As in physiology, so in pathology, a reflex action demands centripetal and centrifugal paths for the passage of the exciting impulse; and, in this case, the centrifugal path lies mainly in the motor, secretory, and vaso-motor fibres of the vagus. The first supply the involuntary muscles of the bronchial mucous membrane, contraction of which will lead to a narrowing of the tube calibre, and consequent dyspnoea. The secretory branches supply the mucous glands of the bronchi, and the increased secretion

*Being a paper read at the British Homœopathic Congress, held at St. Leonards-on-Sea, September 22nd, 1905.

brought about by their stimulation will add to the embarrassment. The hyperæmia induced by the vasodilating fibres of the nerve will act in a similar direction.

In certain cases it has been demonstrated that the phrenic nerve is also a factor, for skiagraphs taken during an asthmatic attack have shown that spasm or incoordinated action of the diaphragm occurs.

As regards the centripetal paths, clinical evidence points to the existence of several routes. We will take these in order.

OPTIC NERVE.—Intense light commonly produces attacks of sneezing, and in susceptible persons might precipitate, or at any rate predispose to, an attack. It is possible that the increased brightness of the light at sea-side districts may be one of the causes of such places not suiting many asthmatic patients.

OLFACTORY NERVE.—Certain odours, particularly that of musk, are apt to lead to faintness and pseudo-asthmatic symptoms.

TRIGEMINAL NERVE.—This nerve by its nasal branches probably plays a greater part in the production of reflex asthma than does any other tract. Irritation of these branches may be produced by any of the following lesions :—

1. *Enlarged lower turbinated bodies*, which, owing to relaxation of their vascular erectile tissue, are subject to a sudden flux of blood. By this means nasal obstruction, increased flow of mucus, and irritation of the membrane covering the septum, are produced. The latter directly affects the branches of the fifth nerve. It is significant that such engorgement is particularly liable to occur at night owing to the dependent position of the head, and the association of asthma and the nocturnal hours are too well known to need further remark.

2. *Septal Spurs* of such a size that contact points are established between them and the lower turbinate body. Those who have opportunities of frequently making nasal examinations will know how common such septal spurs are, but it is only a small percentage of them which are in contact with the outer nasal wall, or become so owing to turgescence of the turbinate bodies.

3. *Nasal Polypi*. It is no uncommon thing for patients who suffer from asthma to have also nasal polypi. How frequently in such cases the latter are the cause of the

former it is difficult to say. In some, the removal of the polypi results in a cure of the trouble, but it must be confessed that many, perhaps most, are not greatly benefited, though of course the general health is improved. We may even find such an event occurring as the increase of the asthma after removal of the growths. In such cases we should look for some air-borne irritant, which, now gaining an entrance into a hitherto blocked nasal passage, can excite the reflex act. Such air-borne irritants are pollen of flowers and grasses, dust, or fog particles containing some injurious matter.

4. *Post-nasal Adenoids*.—I mention these as a possible cause, though I cannot say that my experience has proved them to be a frequent one. If they are present in any particular case, I should be more inclined to look upon the usual accompanying enlarged lower turbinates as the real exciting agents.

SOMATIC NERVES.—It may be that the centripetal impulse is conveyed to the centre along some spinal nerve, and cases have been reported of this. The only instance I have met with had to do with the rectal nerves, and probably concerned the sympathetic as much as the spinal system. The patient was an elderly man who suffered from typical asthmatic attacks of a somewhat severe type. One peculiarity in his case was that bright clear air often aggravated his complaint. On one occasion he was staying during the winter at Brighton, and one day being seized with an attack he came up to London. It so happened that he arrived there in a dense fog, which appeared to give him immediate relief, and the attack passed off rapidly soon after his arrival.

This patient consulted me for nasal obstruction, and I removed his enlarged lower turbinates, but with very little relief to the asthma. He also was much troubled with bleeding and prolapsed piles, which I urged him to have treated. After some time he consented to have an operation, and from the time of his convalescence from the operation his asthma began to improve, and he finally lost the tendency to the recurrence of the attacks.

There is no doubt that atmospheric states play an important part in aggravating or improving the condition of asthmatic patients. The action of fog in ameliorating, as in the above case, was repeated in another patient. Some asthmatics, especially those who are gouty, are

always worse at the sea. A colleague whom I treated for nasal asthma by cauterizing the lower turbinates, with considerable benefit, told me that when at the seaside he found his asthma to be bad if he was at sea level, but directly he went to reside on the cliff overlooking the sea it disappeared. Another patient found that residence in a valley, such as one commonly finds in North Wales, precipitated an attack. I do not think that we can always attribute this to variations in the barometric pressure, though there is no doubt that such changes do influence patients. There are, however, many other elements which we have to take into consideration, whose influence is of a very subtle nature. The action of tides, sea air with its ozone and iodine, absence or presence of trees, and hygrometric conditions, are all capable of acting upon susceptible patients, and much of the success of treatment must depend upon a careful study and the knowledge of these and similar agencies.

The association of hay fever with asthma of nasal origin, such as we have just considered, is not infrequent. In the case of the former complaint, not only do we have the presence of a nasal lesion, and the pollen of plants as the exciting cause, but there is also a peculiar state of the nervous system. What this state really is, and to what it is due, is not at present exactly known, but there is no doubt that it is frequently associated with a gouty diathesis, and mainly consists in a hypersensitive condition of the nervous system; and it is more than probable that a similar condition exists in association with asthma, and that when this is so, and heredity can be excluded as a causal agent, we may suspect the action of some toxin, either self-generated, as is more often the case, or introduced from without.

As one illustration of the value to treatment of searching out the source of such toxins in asthmatic cases, I should like to bring forward the following example:—

A child of six years was brought to me by his parents for asthma, which they had been told was due to post-nasal adenoids. The asthmatic attacks came on always at night, and were very distressing to witness. They were worse during the summer months, and especially in the hay fever season, and at such times he usually suffered from symptoms of hay fever.

The boy was very anæmic and rather under nourished,

but had a distended abdomen, chiefly from flatulent accumulation, and there was constipation.

Very few adenoids were present, and, as I could find no exciting cause for the asthma, I suspected some auto-toxin, and the flatulent distension of the alimentary canal suggested this as the source of the poison.

Examination of the fæces showed that the boy was digesting meat very well indeed, but that bread and starchy food generally was very poorly dealt with, an abundance of undigested starch granules being present, and in addition there was an excess of mucus and spore formation.

In accordance with this finding, he was ordered a diet free from bread and starchy food, toast and rusks, however, being allowed. Meat and fish were also permitted, and on this diet the flatulent distension of the abdomen rapidly subsided, and the boy improved in every way. The asthmatic attacks gradually lessened in severity and frequency, and after three months ceased entirely, and have now been in abeyance for over a year. He was kept on the modified diet for eight or nine months, and then some relaxation was permitted.

In dealing with cases of this kind, microscopic examination of the fæces is imperative, for we shall thereby gain a knowledge of what substances are being improperly digested. Mal-digestion, and consequent fermentation of starchy food, is a potent cause of such troubles as we have been discussing, but it must not be overlooked that excess of nitrogenous elements, or their imperfect assimilation, may be just as important a factor.

So far as treatment of the form of asthma which we have considered is concerned, it is obvious that any contributing cause, such as nasal obstructions and the like, must be removed. At the same time it cannot be too clearly borne in mind that this is often but the first stage in the treatment of the case, and that some underlying constitutional state will need correcting, and it is common knowledge how difficult of accomplishment this oftentimes is.

For the discussion following this paper, see page 672.—
EDS. *M.H.R.*

**ASTHMA—A VASO-MOTOR NEUROSIS: ITS
DIETETIC AND MEDICINAL TREATMENT.*****By W. THEOPHILUS ORD, M.R.C.S. Eng., L.R.C.P. Lond.**

Fellow of the British Homœopathic Society, Physician to the
Hahnemann Convalescent Home and Homœopathic
Dispensaries, Bournemouth.

VARIOUS views as to the origin and cause of asthma have been held by different authorities on the subject, but the one that has longest held the field, and even now has most adherents, is that asthma is caused by bronchial spasm. This is described as spasm of the bronchial muscles, which it has been proved will cause contraction of the bronchial tubes; conversely a relaxing or paralysis of these muscles produces dilatation, and is the usual termination of an asthmatic paroxysm.

It has been shown that stimulation of the vagus nerve is capable of either dilating or contracting the bronchi, by its action upon their unstriated muscular fibres, and the discovery of this fact has greatly advanced our knowledge of the causes producing the asthmatic paroxysm. Whilst, however, a mere contraction by spasm of the bronchial muscles due to vagus irritation in asthmatics may produce a paroxysm of dyspnoea, more careful observations have shown that it cannot entirely account for the bronchial symptoms which almost always accompany and terminate an ordinary paroxysm. There is, as I need hardly remind you, in almost all cases bronchial exudation, varying in quality and quantity, and until this is produced and expectorated the spasm seldom relaxes. Clearly this is an affection of the bronchial mucous membrane, which mere muscular spasm of the bronchi is incapable of producing. What then is the nature of this mucous membrane change, and what light does it throw upon the cause of asthma? It has not been found easy to investigate this condition pathologically, for death during a paroxysm is exceedingly rare. There is, however, one such case recorded, in which there were found post-mortem desquamation and exfoliation of the mucous membrane in active progress, the smaller air-passages being blocked up by cast-off epithelium. This is precisely what our knowledge of the matter expectorated in typical

* Read at the British Homœopathic Congress, held at St. Leonards, on September 22nd.

asthma would lead us to expect. Arguing from these facts, some French writers have altogether discarded the theory of bronchial spasm as the true cause of asthma, in favour of its origin in a merely catarrhal condition of the bronchi. Recently Dr. Gee has accepted this new view, holding that asthma is merely a peculiar form of bronchitis. Berkart describes it as "an acute paroxysmal, nay, almost erysipelatous form of inflammation, which extends upwards and downwards, and is accompanied by a croupous exudation." Few of us I think would be satisfied with this theory alone. But the view put forward by Weber, which was endorsed by the late Sir Andrew Clark, is probably most worthy of our acceptance. He attributes asthma to tumefaction of the bronchial mucous membrane from dilatation of the blood-vessels through vaso-motor nervous influence. If we combine this idea with the undoubted fact of more or less bronchial spasm being always present during an asthmatic paroxysm through peripheral irritation of the vagus, we shall, I think, have arrived as near the truth as our present knowledge permits. This explains also the two characteristic forms of asthma (which, however, merge into one another in many cases), namely, the drier form in which bronchial spasm is most marked, with but little or no bronchial exudation; and the more truly bronchial asthma, in which the exudation is excessive and the spasm less violent, though often more prolonged.

We have, however, a common malady, so similar to asthma, that I think help may come from considering them together. In the ordinary course of an attack of hay fever, or even an acute nasal catarrh, we have a condition very analagous to asthma, in which the nasal mucous membrane goes through similar changes to those of the bronchial tubes, the first stage in both affections being hyperæmia of the mucous membranes, caused by relaxation of the blood-vessels through vaso-motor influence. This produces usually occlusion of the nares, or stuffed nose, in the one case with heat and dryness, and in asthma commencing dyspnoea, with oppression of the chest, through swelling and congestion of the mucous membranes of the bronchi. This dry stage, which may be very short, is followed by the commencement of exudation in both conditions. First scanty, tenacious phlegm is produced, being with difficulty blown from the nose, and in asthma

it is coughed up with great effort. This is the most acute stage of an asthma paroxysm, and violent bronchial spasms generally add to the patient's distress. It seems probable that vagus irritation may be excited in asthmatics by the first onset of the attack, when the mucous membrane is swollen and congested, and those violent bronchial spasms begin from the first. In some cases, especially those which begin violently and suddenly, this is no doubt the case, reflex nerve action probably causing the irritable vagus to vigorously contract the bronchial muscles. This is then a true neurosis, in which, by force of habit, a trifling peripheral irritation sets up violent and morbid nerve discharges, a condition comparable to those of epilepsy and tetanus. There is of course no correspondence in this with hay fever; it is only in the mucous membrane changes that resemblances occur. The next change in the progress of both is in the tenacious exudation becoming looser and more fluid, so that it will flow from the nose and is more freely expectorated from the bronchi. In this stage the symptoms may be at their climax, with profuse watery discharge in both conditions. After a longer or shorter interval, the watery exudation diminishes, indicating the subsidence of the mucous membrane swelling, followed in asthma by cessation of the bronchial spasm.

It is well known that the termination of an asthmatic paroxysm is often marked by a profuse flow of limpid urine; the same symptom occurs after an epileptic fit, also after a uric acid headache. According to Haig, this indicates that uricacidemia is passing off, and the vaso-motor contraction existing throughout the body is relaxed. The general condition of vaso-motor contraction can be detected in the high tension pulse, in the hardness of the heart beats, sometimes by throbbing of the temporal arteries, which precede or initiate an asthma paroxysm; during the attack the pulse is often soft and compressible from cardiac exhaustion. Scanty urine, caused by the kidney arterioles being contracted, usually persists through the asthmatic attack. When the paroxysm relaxes all these symptoms cease at the same time.

In order to understand the causes and conditions which underlie asthma, and also to treat it successfully, it seems to me needful that we should have as clear a conception as possible of its pathology, and especially the connection between it and so-called uric acid. Granting, then, that

asthma is a neurosis of the vaso-motor nerves, causing or accompanied by spasm of the bronchial muscles, what causes this condition? To give a complete answer to this question is impossible, but in general terms we can get a pretty clear conception of its origin. If, however, we ask our patients what produces an attack of asthma, we shall of course get amazingly contradictory replies. Some have paroxysms only by the seaside, some only inland; some in high altitudes, others are cured by rarefied air. Certain patients have it only in the winter, a few only in the summer. Some are better in dry air, others are worse and prefer a humid climate. Cold suits many, heat relieves others. And so on, under nearly all the varied circumstances of life, different cases are differently affected from the same cause. From this we may safely conclude that none of these things are the true cause of asthma, but that any of them may induce an attack in asthmatics. Evidently there can be but one explanation of this fact, namely, that any change in the environment of an asthmatic may induce an attack—the gun is always kept loaded and ready to go off, no matter who pulls the trigger.

But whilst the trivial causes referred to vary in every case, there are two potent excitors of asthma common to nearly all cases: these are (1) Indigestion, and (2) Colds or chills. An injudicious or indigestible meal, we all know, will determine a paroxysm, especially at night, in almost all asthmatics, whilst any chill of the body surface, or exposure to draught or damp air, will usually have the same effect. What explanation can be offered of all these many various and trifling causes producing attacks of asthma? To my mind there is but one explanation, based upon the fact that all these causes have one and the same effect, which is a disturbance of the balance of uric acid in the system. I consider this the true reason of the extraordinary sensitiveness of asthmatics to trivial influences, using the term uric acid in its widest sense, to include the many complex poisons retained in the system through defective metabolism and imperfect elimination of the by-products of digestion. The only class of asthmatics whose paroxysms occur independently of this, so far as I can trace it, are those in whom smells, scents, and pollen or dust cause direct irritation of the bronchial mucosa, and so start

the reflex spasms. In even these cases, when the system is especially loaded with gouty matters, the irritability of the bronchial mucosa is probably increased and the patient is then more easily seized by a paroxysm. There is still another reputed cause of asthma, of especial interest to those who specialize in maladies of the nose and throat, namely, the influence of polypi, adenoids, enlarged tonsils, and deflections of the septum naris, in producing reflex irritation in asthmatics. It is no doubt advisable that such matters should be properly attended to, though personally I have never known a case of asthma permanently cured by such treatment. Indeed, Wilkinson is quoted in the *Medical Annual* for this year as holding that only temporary relief is usually given by this treatment, and that some cases are made worse by it. We cannot, I think, truly conclude that such conditions cause asthma, though in some cases they may aggravate it; neither can their removal cure it.

We may then summarize the causes of asthma under two heads: (1) External or aerial causes, such as dust, scents and pollen; and (2) Systematic, or internal, chiefly acting through a neurosis of the bronchial vaso-motor system, which is excited by any disturbance of the metabolism and excretory functions, acting chiefly through the uric acid series of poisons. In both cases the irritation and changes in the bronchial mucosa set up spasms of the bronchial muscles, which are only relaxed in the first case by elimination of irritating matters by expectoration, and in the second by elimination of uric acid, chiefly by the kidneys.

THE DIETETIC AND MEDICINAL TREATMENT OF ASTHMA.

Accepting these views as to the pathology of the asthmatic paroxysm, and especially its undoubted association with gout and gouty conditions, our treatment will become wider and I think more successful than by a merely blind application of the law of similars. That many cases are cured by homœopathic medicines alone we all know, and except in accordance with the methods of Hahnemann, medicinal treatment is of little use in curing asthma. In old-school treatment, arsenic and iodide of potassium given for long periods between the attacks are the two drugs chiefly relied upon for cure. It is well known that both of these remedies are homœopathic to

asthma, and will produce symptoms resembling asthma when given to healthy persons; they will therefore cure only those cases in which the symptoms are similar to those produced by them. Hence the few cures effected by them in old-school hands, and the paucity of results amongst those who profess to ignore what we daily prove to be the essential principle of curative drug action.

I need not remind you that in the drug treatment of asthma long-continued medication between the attacks is the only successful method, the relief of the paroxysm being a totally different matter. When an attack is established, it is very difficult to arrest it, and although I am sure that the homœopathically chosen remedy is the best, and certainly the safest in use, I have not often been successful in arresting an attack by its means. We must remember that many remedies may be given the credit of having cut short a paroxysm when it has really ceased in the natural way, and quite uninfluenced by the drug. Thus bryonia, baptisia, pulsatilla, nux vomica, carbo veg., china, and silica, with many others, are given in various text-books as remedies in acute asthma, none of which certainly ever caused an attack resembling asthma, much less could they cut short one. They doubtless are useful between the paroxysms when indicated by general symptoms. But even the remedies which have produced asthmatic symptoms in provers, such as kali iodatum, lobelia, cuprum, arsenicum, can seldom be relied upon to arrest an attack, which usually runs its course unaffected by their use.

Turning to non-homœopathic methods, we find that, without doubt, opium and morphia, chloral, large doses of iodides or nitrites, tobacco, antipyrine, and a few other powerful drugs will in many cases arrest a severe paroxysm. But their use is objectionable for many reasons, and such a "cure" is probably more dangerous than the disease. Why is it then that homœopathy here seems to fail in giving the relief we should expect in accordance with the law of similars? Some of you may remember a paper contributed to the Leeds meeting of this Congress in 1895, entitled, "Hindrances to the action of the Homœopathic Specific,"* in which I suggested that when the system was overcharged with morbid products of digestion, uric acid

* v. *Monthly Homœopathic Review*, Vol. xi. p. 36.

and chemical or other poisons, the usual reaction to homœopathic treatment was often uncertain and difficult to obtain, and that acute gout and gouty conditions were notable instances of this condition. Nine years' further experience in general practice have convinced me of the truth of this view. It is so in asthma; the system is usually overcharged with poisons of the uric acid series, which gradually increase in quantity after each attack, until some trivial external or aerial cause suddenly determines the vaso-motor discharge of nerve force which produces the spasm. Defective aeration of the blood during the paroxysms, combined with muscular exhaustion in the desperate efforts to breathe, combine to produce intense uricacidæmia as described by Haig, all the uric acid poisons are being poured into the blood, and until these are eliminated vaso-motor contraction continues and the paroxysm does not relax. Hence we see that drugs which will check a spasm are the ones which are known to clear the blood in uricacidæmia; whilst our homœopathic remedies are temporarily of little potency. The former act violently, and in semi-poisonous doses which are strongly to be condemned. I admit that whether this theory is wholly correct may be doubted, especially as it is the fashion to discredit Haig's researches into such questions, for very inadequate reasons in my opinion; but the practical bearing of Haig's views upon the successful treatment of asthma cannot be gainsaid by those who have followed his advice. Although some cases can be cured by homœopathy carefully continued for long periods without other aid, a large number of cases cannot. For these diet and hygiene which will rid the system of excess of uric acid, and maintain a healthy state with a minimum production of such poisons, are essential to cure.

The patient should be sent to such a climate as experience has shown to be least favourable to the attacks, each case being treated on its own merits. As much exercise in the open air as strength permits should be taken daily. Failing this, massage and baths are useful. Diet must be carefully regulated, most cases being better without butcher's meat, and with excess of fruits and green vegetables. Alcohol should be prohibited, also coffee and if possible tea, distilled water being the safest beverage. A few cases, if very obstinate, can be cured by Salisbury

diet, and when patients are carefully selected the results by this method are astonishingly satisfactory. Obese people are best suited to this treatment. Diabetic diet will cure some cases, and should always be borne in mind as useful. In addition to these, careful homœopathic medication according to symptoms should be continued between and during the attacks for long periods. I endeavour to persuade patients to continue this until at least three months have elapsed without an attack. In addition to these, careful attention must be given to all the bodily functions, to ensure their being carried on naturally and in good order. Lastly, search should be made for any possible sources of reflex irritation within the system, especially in the naso-pharynx, also in the stomach and liver, and in females the uterus and menstrual functions should receive careful attention.

In conclusion, I must apologize for the very commonplace nature of this paper, and that I have had no new facts or theories to lay before you. If, however, any of these thoughts or suggestions might help some one of us to the cure of a single difficult case, my paper will not have been prepared in vain.

For the discussion following the papers of Mr. Dudley Wright and Dr. Ord, see page 672.—*Eds. M.H.R.*

ACUTE NEPHRITIS, WITH SPECIAL REFERENCE TO THE ACTION OF CANTHARIDES AND CANTHARIDIN.*

By C. J. WILKINSON, M.R.C.S., etc. (Windsor).

MR. PRESIDENT,—It is a matter for congratulation that our subject is acute, and not chronic, nephritis. For not only has the curse of Babel fallen upon chronic nephritis in the form of wide divergences in terminology, but when the name is used in its narrowest sense it connotes at least three diseases. One, interstitial nephritis, in which renal permeability errs by deficiency; a second, tubal nephritis, in which elimination is excessive; and a third where interstitial trouble supervenes upon tubal nephritis; and here the permeability of the kidney for methylene blue

* Read at the British Homœopathic Congress, held at St. Leonards, on September 22nd.

is increased, while it is diminished as regards iodide of potassium.¹

But in acute nephritis the problem is simple at least to this extent, that it is primarily one of meeting a deficient power of eliminating the causative poison. Beyond this, however, the simplicity of the problem cannot be said to go; for we are not dealing here, as in pneumonia, with the work of a microbe specific to the disease, liable though it may be to complications by original or secondary admixture with other organisms. The function of the kidney is primarily (if not entirely) eliminative for a vast number of substances elaborated in, or introduced into, the body; and many of these will cause either inflammation by difficulties of elimination or secondary effects by their non-elimination. The kidney, in fact, is in the position of the house whose landlord is ruined by the tenancy of an undesirable tenant, but who is also exposed to the partial or complete destruction of his property by the attempt to evict him.

In fulfilling the wish of your Committee for a paper on the subject of acute nephritis I have thought it well, avoiding a systematic treatment of the whole subject, to limit myself to a discussion of such factors in the disease as illustrate the similarity between its phenomena and the symptoms and effects recognized as following the use of a single toxic agent and its derivative—cantharis and cantharidin. Not at all because it is the only (or even, it may be, the chief) drug which produces a picture of acute nephritis in its pathogenesis; but because such a narrowing of the field will make it possible to examine it with some completeness, and also because evidence is forthcoming with regard to that particular drug which, I think, makes it possible to push some way towards a grasp of the method by which its similarity of action renders it curative in the disease.

It will, however, be first necessary to consider one or two points in the anatomy and physiology of the kidney, which are essential to our further enquiries.

The nerve supply of the kidney is enormous, if we regard the bulk of the organ; but, so far as is known, it has no secretory nerves. It is found that the injection of substances, such as normal saline, sodic nitrate, and caffeine into the general circulation will still increase the velocity of the blood in the renal artery after complete

section of the renal nerves.² It seems, therefore, rational to assume that the amount of the urinary secretion is regulated by the composition and amount of the blood supplied to the kidney ; and this is rendered more probable by the fact that excitation of the central end of certain lower dorsal and upper lumbar posterior roots will produce great dilatation of the renal arteries, and consequent engorgement of the kidneys, while the vessels of other abdominal areas are notably constricted. This control of the circulation (and consequently of the function) of the kidney by the condition of the blood is carried out to a wonderful nicety. If a solution of urea be injected into the blood there will follow an immediate dilatation of the renal vessels, an engorgement of the kidney, an increased secretion of urine, until the blood has been restored to its normal proportion, 1 in 4,000 to 1 in 2,000 of urea. The remarkable point in this reflex is that urea is excreted by the renal epithelium, the water which washes it down by the glomerulus above it. This is one of the most marvellous of the many marvellous facts in physiology. It indicates an almost intelligent readiness and capacity on the part of the kidney. It presents the picture of an automatic safety valve calculated to reduce the most ingenious inventor among the owners of kidneys to humble admiration. It seems to echo the parting remark of the Frenchman, who ended his instructions for the use of a mechanical toy with the words, "*Il ne faut pas brutaliser la machine.*"

Now, this mechanism holds good for normal blood constituents normally excreted by the kidney ; but when we come to abnormal blood constituents, the duty of whose elimination rests with the kidney, the picture is altered in important particulars. If caffeine is injected into the blood in a small dose, dilatation of the renal artery, reinforced by a general vaso-constriction, engorgement of the kidney, and diuresis, follow in due course. If, so soon as the effect of the first injection is over, a second is administered, the same series of phenomena is repeated, but to a less extent ; a third injection will be followed by a diminished urinary output, consequent upon constriction of the renal vessels ; and a fourth will probably determine sufficient arterial constriction to bring about absolute anuria.³

"The patients remain conscious almost to the end ; and

all the so-called uræmic symptoms are conspicuous by their absence. There is but little headache and nausea, vomiting may be absent, and the patient complains of little but weakness and drowsiness. The tongue becomes dry and brown, the pupils contract, and perhaps—after some days of complete suppression—slight twitching of the muscles may be seen. The temperature is subnormal, and this and the state of the pupils are the most frequent and trustworthy signs of a condition apparently trivial, but really of the utmost gravity.”⁴

This symptom-complex has received the rather misleading name of *latent uræmia*, apparently upon the system of *lucus a non lucendo*.

We see in this experiment that, while the kidney is prepared to respond very freely to the diuretic stimulus of the normal constituent, it labours under very strict limitations as regards its power of eliminating certain abnormal constituents. The point is an important one, for, with all our ignorance concerning the causation of uræmia, it is fairly established that that condition is not a sequel to the retention of any normal urine constituent in the blood. Dr. Rose Bradford has pointed out⁵ that neither partial nor complete suspension of the renal function, whether brought about by the removal of large proportions of the substance of the kidney in experiments upon animals, or by the complete blocking of both ureters in rare cases seen clinically, will induce uræmia. Death occurs in such experimental cases in from 1 to 3 days; the clinical cases apparently last as long as 14 days sometimes⁶; through the urea in the blood rises progressively to 1 in 400, or even 1 in 300. We are justified, then, in assuming that the condition of acute uræmia depends upon the presence in the blood of abnormal constituents, which should be eliminated by the kidney; constituents, moreover, which by the violence of their stimulus toward elimination soon cause, first weariness, and finally incapacity, on the part of the kidney.

We are not in a position greatly to modify Bouchard's dictum of 1887, “Uræmia is an intoxication by all those poisons which, whether introduced into the organism, or formed within it, should be eliminated by the renal route but are retained by the impermeability of the kidney”;⁷ but we can no longer connote large quantities of normal urine constituents under his term *poisons*.

Another peculiarity of the renal anatomy which we must note, is that the general law by which "substances which pass from the blood into other tissues . . . do not reach these elements directly through the capillary walls ; but proceed first into the lymph spaces, which are present in all tissues,"⁸ has one exception ; the exception being "furnished by Bowman's capsule in the kidney, which is closely applied to the walls of the blood-vessels of the glomerulus without the intervention of any appreciable lymph-space."⁹ This absence of lymph-spaces in Bowman's capsule appears to be correlated with the highly selective action of the renal epithelium, histologically suggested by the variety both in shape and size which it presents in different parts of the urinary tubules, and experimentally established by the injection of carmine and indigo into the blood current, when it is found that carmine is excreted by the Malpighian bodies, while the indigo (in common with the biliary pigments) stain the convoluted tubules and Henle's loops. The relation between the lymph flow and the urinary secretion is made the more interesting by the fact that many of the substances (such as extractives from certain shell-fish, and solutions of urea and of sodic chloride) which influence the renal output, are also potent lymphagogues.¹⁰ The selective powers of the renal epithelium present many temptations for digression which I must resist ; but there is one obvious deduction to be drawn, viz., that vast as is the excretory surface of the kidney, the specialization of function which this selective power indicates leaves much less than the whole excretory surface available to deal with any special excrementitious matter which needs immediate elimination.

This consideration brings us naturally to recall those channels for vicarious elimination (or, as we may more briefly call them, "emergency exits") which exist for the benefit of the overworked kidney. The first to come to our memory is the skin. That free perspiration got rid of fluid otherwise excreted by the kidney must have been patent to prehistoric man ; we now know that urea is largely excreted by the same channel. Indeed, "it has been found in rare instances that crystals of urea have formed on the skin and hair in advanced cases of uræmia."¹¹ What has not long been recognized, and is not yet sufficiently recognized, is that the mucous membrane of the stomach and intestines will, under stress of

necessity, perform the same function to a strictly limited extent. The Fenwicks found "that the subcutaneous injection of urea was not only followed by the appearance of the salt in the contents of the stomach and intestines, but that its frequent employment gave rise to acute inflammation of the mucous membranes of these organs."¹² Cases of necrosis of the intestines in subjects of renal disease have been reported by Howship Dickinson¹³ and many others. A case of nephritis with acute uræmia associated with acute diffuse colitis is reported in the *Lancet* for June 17th of the present year. The urine was loaded with albumin, and the patient died of acute uræmia: a watery motion, slightly stained with blood, was passed. Post-mortem—"The large intestine from the splenic flexure downwards was intensely congested, and bluish-black in colour. . . . The mucous membrane had the same bluish-black colour, with here and there little slightly raised and roughened patches of greyish appearance."

It is obvious that such symptoms and phenomena as these cannot be disregarded in a search for the *similimum*.

I now pass from these anatomical and physiological considerations to an examination of the pathogenesis of cantharis and cantharidin. I avoid a detailed list of the symptoms of acute nephritis, because the symptoms extracted from the provings are designed (so far as they go) to present them also. I give the symptoms of the Spanish fly and its derivative without distinguishing between them.

Taking first those symptoms which go to construct a picture of an attack of acute nephritis, in its earlier stages, we meet with *fever*. "It (cantharidin) increases rapidity of the beats of the heart and temperature of the body, and leads to wasting and general debility—all phenomena indicating the existence of a true and special fever."¹⁴ The fever is variously described as "general fever," "burning," "violent," "extremely violent;" there is dryness of the mouth, thirst, anxiety, restlessness; the head is burning hot, the palms of the hands and the soles of the feet are very hot. In one patient there was burning on the soles, while the hands were icy cold.¹⁵

The records of the *pulse*, both in provers and in poisoning cases, are difficult to summarize. There is one type in which it is described as "quick, tense, and full,"¹⁶ another

in which it is "contracted and sunken."¹⁷ It would appear probable by analogy that so long as the brunt of the attack was being borne by the Malpighian bodies the tension of the pulse is not notably affected, but that the contrary is the case should the subject survive without recovery long enough for the tubules to be involved.

There is *headache*, dull and general, at this stage of cantharis intoxication, with heaviness and dullness of the intellect,¹⁸ and a tendency to delirium towards evening.¹⁹

In the pathogenesis of cantharis we find a good illustration of the dictum, that in renal cases "hardness of the pulse and dropsy begin and continue together."²⁰ There appear to be only two instances definitely recognizable as œdema due to kidney trouble. In the first, a girl, who had developed marked uræmic symptoms earlier, had sallowness and puffiness of the face with "renal congestion" just three months after having been poisoned.²¹ In the other, a boy, the face and feet became œdematous, but there is no evidence given by which we can date the occurrence.²²

Lumbar *pain*, sometimes definitely ascribed to the kidney, is fairly frequent in the pathogenesis.

The urine in poisoning cases is often absent or diminished. What passes is usually blood-stained (either bright red or smoky), and highly albuminous. In some the presence of albumin terminates on the disappearance of the hæmaturia; in others it persists much longer. The intense affection of the whole urinary passage, from the cortex of the kidney to the meatus, and even to the prepuce, makes it difficult to attribute the hæmorrhage to any locality unless there are precise data or the notes of post-mortem findings given; but, as we shall see, the condition of the kidney when described, leaves no doubt that hæmorrhage, as well as albuminuria, does occur there.

Leaving now the symptoms of cantharis which indicate it in acute nephritis of a certain type, which I hope later to define, let us turn to those which constitute a picture of uræmia—a condition which is rather a physiological consequence than a complication of this type of nephritis when it remains unrelieved.

We may classify uræmia either according to its method of commencement and duration, as fulminating, acute, and chronic; or (more profitably, I think) according to the character of symptoms which present themselves in the various

developments of the uræmic intoxication. The two chief types by this classification are, of course, the nervous and the gastro-intestinal. The symptom-complex of the former, the nervous type, is composed of such phenomena as delirium, eclampsia, mania, dyspnœa, convulsions, and coma. This type associates itself usually with the fulminating and acute varieties of our first classification. The second type, the gastro-intestinal, more usually seen in cases of the chronic uræmias of the first classification, betrays itself by nausea, vomiting, diarrhœa, and hiccough. It may be noted that these symptoms of the second type (with the exception of hiccough, perhaps) are clearly in the nature of attempts at natural cure through the "emergency exits" which we have previously considered. The types are artificial rather than essential, and, in practice, merge one into the other; but they are convenient, as threads hung into a gradually concentrating solution of facts, favouring crystallization.

There are other cases distinct enough to justify their classification as paralytic, characterized usually by hemiplegia or monoplegia, and as insomnic.

We find symptoms of all these varieties freely depicted in the pathogeneses which we are considering.

Among the symptoms which we can definitely attribute to the nervous type of uræmia, either by their nature, the time of their occurrence, or their context, are the following :—

After three days, violent convulsions and furious delirium. The convulsions sometimes ceased, but not the delirium; the fits of the former often lasted hours, or assumed the form of opisthotonos, emprosthotonos, or trismus, by turns . . . the abdominal muscles became tense at the slightest touch. The convulsions were sometimes general, the head drawn back: they terminated in syncope and stupefaction.²³

Violent convulsions and distortion of limbs.²³

Quickened respiration, trembling, and convulsive twitches.²⁴

In the evening, he talked nonsense, unconscious.²⁴

Suddenly, headache, chilliness, general convulsions, coma, unconsciousness, and death.²⁴

Tongue trembling, general convulsions, subsultus tendinum, restlessness.²⁴

Such violent phrenitis that four men could not restrain him.²⁵

The symptoms which suggest the gastro-intestinal type of uræmia are :—

Vomiting.²⁶

No urine, but frequent watery stools, some involuntary, with much blood, tenesmus and pain at the anus.²⁷

In this case, the whole digestive canal was found, post-mortem, to be inflamed; there were swellings in stomach and intestines, pustulations and ulcerations in colon and rectum. This case appears to be a particularly close parallel to the case which I quoted just now from the *Lancet*.

Nausea and occasional hæmatemesis (fifteenth day).²⁸

Hiccough, frequent hiccough.²⁹

One poisoned child developed a sudden epileptic fit, lasting a long time, and very severe. This recurred.³⁰

It is worthy of notice that cantharidin administered to animals produces a true gastro-enteritis with extreme redness and ulceration of the mucous membrane of the stomach, and loose yellow mucous stools. Even when injected into a vein, if it do not induce ulceration, it occasions hyperæmia of the gastro-intestinal mucous membrane and frequent diarrhœa. (*Encyclo. D. P.*, vol. ii., p. 20.)

The paralytic type of uræmia is well suggested by the following symptoms :—

One of the most striking symptoms was weakness of the lower extremities, which occurred in several of the patients. The arms were unaffected.³¹

One poisoned man exhibited paralysis of the lower extremities and bladder. Four years after being poisoned he was walking on crutches, and was still subject to loss of vesical control.³²

All complained of a sense of "weight" in the muscles of the thighs.

In a poisoning case, which terminated in uræmic³³ coma, sleeplessness occurred,³⁴ and it is also noted in the provings without mention of time.³⁵

With such similarity between the pathogenetic symptoms of cantharis and the symptoms of acute nephritis, we should expect a similarity in the post-mortem findings of the two conditions; nor are we disappointed. The post-mortem appearances of cases of poisoning by cantharis, as given in the *Encyclopædia of Drug Path.*, present, indeed, no more support to any present-day contention

than can reasonably be expected from records dated between 1828 and 1848, but they have the merit of not being (so far as they go) inconsistent with the appearances of the post-mortem examinations of animals experimented upon with cantharidin, to which I propose to confine my remarks.

The kidneys of one rabbit, dying 20 minutes after the injection of $\frac{1}{10}$ gram of cantharidin dissolved in acetic acid, showed swelling of the epithelial cells and nuclei of the inside of the capsule, and some leucocytes between the glomeruli and the capsule. In others, which died between one and four hours after injection, there was intense distension of the vessels, and the pyramids were blood red. In the glomeruli, the vascular branch was separated from the capsule by a zone of liquid, more or less thick, containing white corpuscles and yellowish granules. The capsular membrane presented, sometimes swollen endothelial cells containing some granules, sometimes only nuclei, as if the cell walls had been liquified and destroyed. The epithelial cells of the convoluted tubes were filled with yellow granules and liquid. After 2 hours, inflammation of the straight tubules and collecting tubes appears, with modification of cell-form and migration of leucocytes.³⁶

The action of cantharides upon the kidney is thus described by Dr. Murrell.³⁷ "The inflammation . . . begins in the glomeruli, and not in the straight tubes. The first condition of the kidneys noticed after the administration of cantharis is extravasation of leucocytes into the glomeruli, and an exudation of a fibrous matrix. This is followed by filling of the glomeruli and the proximate tubules with a granular fluid, after which comes swelling of the capsule. Next in order, swelling of the cells of the collecting tubes and of the whole urinary tubules is observed, and, in the last stage, multiplication of the cells of the straight collecting tubes, which are thrown off, so that the lumen becomes filled with exuded cells."³⁸

Such, then, is the action of cantharides upon the healthy kidney. We see the invasion and destruction of the most delicate, the most highly specialized, portion of the organ. In the place where, alone, nature has placed no lymph space between the capillary wall and the tissue into which some of its contents are to pass, is an exudation of leucocytes and a fibrous matrix being laid down. The

machine is indeed "brutalized." This keynote of the action of cantharis runs through all I know of its pathogenesis—intense efforts towards elimination defeated by the extremely irritating action of the body to be eliminated.

The consideration of two matters remains before us. The first of these is the definition of the exact form of acute nephritis, which corresponds to the symptoms and pathological conditions set up by cantharis, upon which I have, perhaps too tediously, insisted. "It must not be passed without notice," says Dr. Howship Dickinson,³⁹ "that in certain cases of diffuse acute nephritis, particularly of scarlatinal origin, the Malpighian bodies are especially involved to the extreme diminution of the urine, and the name glomerular nephritis is applied to the condition. This is characterized rather by uræmia than (by) dropsy. The change may occur in the course of scarlatinal nephritis, while as yet the inflammatory process is but incipient in the tubes and general interstitial tissue. There is a copious nuclear formation within the Malpighian capsule by which the contained vessel may be compressed, the capsule is thickened by a similar growth, and there is hyaline degeneration of the Malpighian coil. The change conveys the suggestion that the Malpighian structure is early and intensely affected by some irritating property in the scarlatinal blood, or in the urine which takes its origin from it."⁴⁰

It would appear that the similarity could no further go. The pathological conditions are identical; the relative infrequency of dropsy, and the early supervention of uræmia are present in both the artificial and the spontaneous disease; and (as we have seen) the large variety of uræmic symptoms are well provided for.

I can only recall one case which appears to me to exemplify the use of cantharis in such a condition, and I have no more than memory to supply details of it. A man of 63 developed pyæmia after erysipelas, which had attacked an old ulcer of the leg. There was early and sudden nephritis with fever, and scanty urine, which was albuminous and bloody. Under cantharis the temperature fell, and the albumin cleared: he unfortunately died 36 hours after an anæsthetic, given for the evacuation of a large abscess in the outer surface of the thigh, without having resumed consciousness.

It is well to notice that cantharis appears to be strictly

limited in its sphere of action in the nephritis of scarlatina and allied infections. It must not be asked to vie with crotalus in the hæmorrhagic form of scarlatina, nor is it likely to take the place of apis in the common form of late post-scarlatinal nephritis with copious œdema. But within its natural limitations cantharis will solve the seemingly insoluble knot in which the glomerulus is involved, and will restore function to Bowman's capsule, the ultimate radicle of the urinary apparatus. It remains for us to consider the method by which it does so.

There are, so far as I have been able to discover, no records of oncographic experiments which will help us in this matter, though such experiments would not be impossible of plan and performance. Happily, however, we find the information elsewhere. Professor Oscar Liebrich, of Berlin, has for more than eleven years been working at the therapeutics of cantharis and cantharidin. Among various diseases which he has treated by these drugs many cases of lupus vulgaris have been included, a disease in which the conditions of the capillaries may be well observed. He gives half a cubic centimetre of a solution of $\frac{1}{10}$ of a gram of cantharidin in 1000 parts of tincture of orange peel. This dose of 1 decimilligram of cantharidin, equivalent to one drop of our 4x tincture, is given in a liqueur-glassful of water. Even with these doses he occasionally finds pain and albuminuria result, and he meets such occurrences by a temporary suspension of the drug and a little tincture of opium.

We may pardon the naïveté with which the Professor ignores the existence of homœopathy, on account of the value of the information which he gives us concerning the action of cantharidin in such doses, in the following passage :—

"With regard," he says, "to the immediate pharmacological action of cantharidin, I am of opinion that it affects the capillaries. The latter are irritable, but they are by no means all irritable to the same degree. Thus the most irritable are the capillaries of the kidney. The effect of the drug, however, on all the varieties of capillaries is to render the passage of nutritive fluids through them to the cell less difficult than is ordinarily the case. This action is more especially marked in capillaries which are already pathologically affected."⁴¹

Early in this paper we noted how the excrementitious

matter in the renal blood brings with it its own stimulus for elimination. We have noted how Bowman's capsule may be regarded as the renal analogue of the capillary lymph-space, and how the stimulus which in the general capillary system acts as a lymphagogue, in the renal system acts as a diuretic. We have seen also that such stimuli, when due to abnormal constituents of the blood, act with great violence, but soon cease to be effective. We have seen that cantharis is among these violently acting abnormal constituents, and have followed its action upon the kidney, and secondarily upon the organism at large. We now see that in suitable doses it is found to restore the permeability of capillaries, especially of the capillaries of the kidney, and especially such as are already pathologically affected.

Are we not, then, justified in concluding that when a stimulus, acting in excess, has paralysed the eliminative function, there remains a period of time within which that function may still be restored by the action of a similar, but not identical, stimulus, administered in doses insufficient to establish its primary so-called "physiological" action?

I have avoided burdening the text of my paper with references to the authorities which I have quoted or abstracted. Should the paper be printed, such loans will be found duly acknowledged. But there are some obligations which cannot be justly relegated to footnotes. Such are those for which I thank Mr. Dudley Wright and Dr. Watkins, who have pointed out to me sources of information upon my subject, which I have found most interesting and suggestive. If I have succeeded in transmitting some of the interest and suggestion to you, it is right that I should allow you to share proportionally my sense of indebtedness to them.

¹ MM. BARD et BONNET. *Reserches et Consid. sur les différences de Perméabilité Rénale, etc.* Archives Générales de Méd., 1898.

² SCHÄFER. *Text Book of Physiol.*, vol. ii., p. 160. ³ PHILLIPS & ROSE BRADFORD. "On the action of Certain Drugs on the Circulation and Secretion of the Kidney." *Journal of Physiol.*, vol. viii., p. 117.

Cavazzani. *Arch. Ital. de Biolog.*, vol. xviii., p. 158. ⁴ J. ROSE BRADFORD. *CLIFFORD ALLBUTT's Syst. of Med.*, vol. iv., p. 328.

⁵ "Goulstonian Lectures." *Lancet*, 1898, p. 920. ⁶ LANDOIS. *Text Book of Human Physiology*, p. 513. ⁷ *Leçons sur l'Auto-intoxication.*

⁸ BUNGE. *Physiological and Pathological Chemistry*, p. 218. ⁹ *Ibid*, p. 318. ¹⁰ STARLING. *Elements of Human Physiology*, p. 289 et seq.

¹¹ W. HOWSHIP DICKINSON. *CLIFFORD ALLBUTT's Syst. of Med.*, vol.

iv., p. 397. ¹² *Ulcer of the Stomach and Duodenum*, p. 112. ¹³ *Medico-Chirurgical Transactions*, 1894. ¹⁴ *Encyclo. Drug Path.*, vol. ii., p. 20. ¹⁵ *Allen's Encyclo.* Symptoms 1600—1630. ¹⁶ *Encyclo. D.P.*, vol. ii., p. 13, etc. ¹⁷ *Ibid.*, p. 13, etc. ¹⁸ *Allen's Encyclo.* Symptoms 64 et seq. ¹⁹ *Ibid.* Symptoms 9 and 10. ²⁰ W. HOWSHIP DICKINSON. CLIFFORD ALLBUTT'S *Syst. of Med.*, vol. iv., p. 364. ²¹ *Encyclo. Drug Path.*, vol. ii., p. 16. ²² *Ibid.*, p. 18. ²³ *Ibid.*, vol. ii., p. 9. ²⁴ *Ibid.*, p. 10. ²⁵ *Ibid.*, p. 11. ²⁶ *Ibid.*, p. 10. ²⁷ *Ibid.*, p. 14. ²⁸ *Ibid.*, p. 15. ²⁹ *Allen's Encyclo.* Symptoms 453, 474. ³⁰ *Encyclo. D. P.*, p. 15. ³¹ *Ibid.*, p. 14. ³² *Ibid.*, p. 16. ³³ *Ibid.*, p. 18. ³⁴ *Ibid.*, p. 14. ³⁵ *Ibid.*, p. 8. ³⁶ *Ibid.*, vol. ii., p. 21. ³⁷ *Manual of Pharmacology and Therapeutics*, 1896, p. 543. ³⁸ See also Sir LAUDER BRUNTON, as quoted *Encyclo. D. P.*, vol. ii., p. 20. ³⁹ CLIFFORD ALLBUTT'S *System of Med.*, vol. iv., p. 355: "A condition closely comparable to this is found in the renal capillaries of swine, dead from hog-cholera." See WELCH. CLIFFORD ALLBUTT'S *System of Med.*, vi., p. 161. ⁴⁰ *Brit. Med. Jour.*, 1902, vol. ii., p. 1231.

For the discussion following this paper, see page 681.—
EDS. M.H.R.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the sixty-second Session of the British Homœopathic Society was held at the London Homœopathic Hospital, on Thursday, October 5th, 1905, at 8 o'clock. Dr. A. E. Hawkes, of Liverpool (President) in the chair.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

It was resolved that the following Fellows of the Society should form a committee to co-operate with representatives from the British Homœopathic Congress, and Homœopathic Association, and the American Committee, for the preparation of papers and otherwise promoting the success of the International Homœopathic Congress, to be held at Atlantic City, in September of next year, namely, Dr. A. E. Hawkes, Dr. Blackley, Dr. Madden, and Dr. E. A. Neatby.

THE PRESIDENT'S INAUGURAL ADDRESS.

The President then delivered his inaugural address, which was entitled, "Provincial Reflections," and of which the following is a short abstract.

I have determined to lay before you a few thoughts—the accumulation of a third of a century—relative to the spread of Homœopathy, in what may be designated, in this respect at least, the second city of Great Britain.

The latter part of the nineteenth century has probably seen a greater progress in medical art than the rest of the centuries put together. In my college days it is doubtful if we had ever heard the term "patella reflex." The term pyo-salpinx was first used in my hearing by Dr. Drysdale, and the Professor of Midwifery used to exhibit a fundus uteri which had been removed by mistake ; it having been diagnosed as an uterine fibroid. At this time, Lister was demonstrating that organic fluids boiled in a Florence flask, communicating with the atmosphere by means of a convoluted tube, could be kept without decomposition. He was opening abscesses under a covering of 1-20 carbolic oil, and hard by, a daring surgeon was using water dressing. Subsequently, corrosive sublimate came into use, and men began to flush the peritoneal cavity with solutions of this substance with varying results. To-day, the living tissues are no longer deluged with these strong solutions, which have given place to the gentle methods of aseptic surgery.

I want to suggest that modern surgery has in one respect at least passed through the stages, something like our decimal dilutions, until it has discovered that water, innocent alike of medicinal admixture and disease germs, is the best application for an aseptic wound, thus unconsciously imitating and then transcending the Hahnemannian methods.

Dr. Drysdale was one of the early pioneers of Liverpool homœopathy, and I find the names of at least seventy of those who have openly practised the system in Liverpool and its immediate neighbourhood.

Dr. Drysdale's exhaustive paper on kali bich. is too widely known to need comment, and Dr. Hayward's monograph on *crotalus* is of especial value. In bad cases of scarlatina I have relied on the latter in many instances.

A long residence in Liverpool has afforded me many opportunities of coming into contact with those who before settling down to the practice of orthodox physic have desired to look into the subject of homœopathy. I always advise such to recall as much as they can of toxicological studies. Our friend comes to us at the season of an epidemic, and he finds himself using croton, veratrum, arsenicum, china, and podophyllin, and before long he has attained to a mimetic proficiency in their use. I appeal to our gifted brethren to continue to demonstrate to the indifferent and to those who more actively oppose our tenets, that the highest culture is not incompatible with a belief in the rule we follow.

With regard to general work in Liverpool, anything more theoretically perfect than the system of visiting the sick poor can hardly be imagined. For eighteen years our hospital,

which we owe to the munificence of Sir Henry Tate, has been available for serious cases, but we have not beds enough, and the general and fever hospitals have still to be resorted to to a large extent.

I must say one word with regard to the treatment of tumours. In view of the change which has come over the teaching as to a simple tumour altering in character, I am an advocate of early operation, unless the patient refuses, when I prescribe as accurately as I can. After the operation, I believe it to be good practice to give the remedy most homœopathic to the condition, to prevent a recurrence.

One of the earliest cases of scirrhus of the mamma operated on in our hospital has lived till quite recently—14 or 15 years—when she was carried off by cancer of the rectum. In my own practice I have only seen one death from fibroid tumour, apart from an instance in which I removed a very large tumour by the retro-peritoneal method; the patient, whose condition was pitiable in the extreme, dying from exhaustion some days after the operation. I do not advocate an absolutely conservative policy in this matter, but my position is this, if an operation is urgently called for, by all means get the best man available to do it, but deaths from fibroid tumour are very rare.

I desire now to draw attention to one or two points connected with the use of low and high dilutions, according to the discretion of the practitioner. One demand I must make, and it is this: If a homœopathic practitioner finds himself trusting to higher dilutions, and the methods associated with the later years of the life of our master, he must not relinquish one jot or tittle of his diagnostic acumen. I might add that it is almost equally essential to know what is likely to happen under expectant and other methods of treatment, so that we may not fall into the error of continuing a line of treatment which experience does not warrant. The use of serums in diphtheria, and the employment of hydropathy in the hyperpyrexia of rheumatic and typhoid fevers, is in my mind at the moment.

In conclusion, if I should suggest that the conditions of the up-hill work of a minority are too exacting, you would point to these walls laden with witnesses to a faith worthy of all credence, to results which have been achieved through their steadfastness, and bid me look forward to a time when our master shall come to his own, and the command, "let likes be treated by likes," take its place, not perhaps as the sole rule, but as one of the most important of the guides to the healer.

A vote of thanks to the President for his address was moved

by Dr. Dyce Brown, and seconded by Dr. Blackley, and carried unanimously.

After the meeting closed, by the generous invitation of the President, the members of the Society partook of supper at the Hotel Russell, and greatly enjoyed the evening.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS.

THE ANNUAL BRITISH HOMŒOPATHIC CONGRESS was this year held at St. Leonard's, on Friday, Sept. 22nd. The meetings were held in the Hastings Town Hall, kindly placed at the disposal of the Congress by the Mayor (Councillor Charles Eaton, J.P.) There were present the President, Dr. Giles F. Goldsbrough (London), the Vice-President, Mr. Frank Shaw (St. Leonard's), the Hon. Treasurer, Dr. E. M. Madden (Bromley), the Hon. Secretary, Dr. D. Dyce Brown (London), Drs. J. Gordon (Liverpool), Gardiner Gould (Sutton), J. Murray (Folkestone), Norman (Bath), Searson (London), C. J. Wilkinson (Windsor), Ord (Bournemouth), Percy Capper (Hastings), Clowes Pritchard (Hastings), George Clifton, J.P. (Leicester), McNish (London), C. Knox Shaw (London), Gilbert (Reigate), Pincott (Tunbridge Wells), C. Harris (Brighton), E. J. Hawkes (Ramsgate), A. C. Clifton (Northampton), W. Wolston (Edinburgh), H. Bennett (London), Pullar (London), Hayle (Rochdale), A. E. Hawkes (Liverpool), Byres Moir (London), E. A. Neatby (London), Johnstone (Richmond), Jagielski (London), H. Nankivell (Bournemouth), and Grace (Tunbridge Wells). At the opening of the morning session the Mayor of Hastings was present, also a number of ladies.

The Mayor of Hastings, who wore his chain of office, attended the opening of the Congress and heartily welcomed the members to the town. He said: Ladies and Gentlemen: Some Mayors are bashful men and some are quite the reverse. I belong to the former category, but I could not resist the pleasure I knew it would be to me, on behalf of the Municipality of Hastings, to give a welcome to this assembly. I know that the object of your meeting together cannot be otherwise than of service to yourselves, and also I trust to the nation at large. (Hear, hear.) Although you are not very numerous—at least at the present moment—I have no doubt your accumulated brains are sufficient to do a vast amount of good to the country if you exercise them in the right way, your

object being to discuss what is right or wrong in the medical world. (Hear, hear.) Now, I do not want to delay your business in any shape or form, for I see you have a very nice programme arranged, and I am sorry that the weather is not very propitious. But we can do some wonderful things in the way of weather at Hastings, and really it is the most sunshiny town in England. (Applause.) I am sure, ladies and gentlemen, it gives me extreme pleasure as Mayor of this municipality to welcome you, and I trust your deliberations may be of service to yourselves and also to science at large. (Hear, hear.) You may take me as a sort of walking advertisement of what we can do in Hastings. I have lived here all my life, and for the last fifty years I have never had to trouble homœopath or allopath. This I am glad to say. It all depends on yourselves. If you bring up your children to do as they should, if they take care of themselves when they are young, then they can live to a good old age, indeed as long as they like. (Laughter and hear, hear.) The earliest reminiscence I have of taking medicine is when I took powders at school, necessitated through having eaten too much dumpling. All children are fond of dumplings, and very hard dumplings they were when I went to school. (Laughter.) Now-a-days they put something in the pot about the size of a cricket ball, and it comes out the size of a football. (Laughter.) Well, ladies and gentlemen, I extend a very hearty welcome to you, and I trust your visit will be of a very pleasant character. I hope the weather will clear up so that you can fully enjoy the pleasures of Hastings. We have two sorts—the ancient and the modern; the modern may be seen along our sea front, and at the All Saints' end are to be found some worthy mementoes and reminiscences of old times. With these remarks I give you a very hearty welcome to this old town of Hastings. (Applause.)

Dr. Dyce Brown read letters of apology for absence from several members of the Congress. Mr. Dudley Wright, who was to have read the first paper, wrote: "I shall not, I am sorry to say, be able to be present at the meeting, as I expect to leave for France very shortly. Will you kindly convey my regrets to the President, and with them my very sincere wishes for a most successful meeting." Dr. Ord had very kindly promised to read the paper for Mr. Dudley Wright. Apologies were also read from Dr. Blackley, Dr. Frank Nankivell, of Norwood, Dr. John W. Hayward, of Birkenhead, Dr. Roberson Day, of London, Dr. E. Purdom, of Croydon, and Dr. Cash Reed, of Liverpool.

The Presidential Address was then delivered by Dr. Goldsbrough, and it will be found *in extenso* in our October issue.

Dr. A. C. Clifton (Northampton), who was received with a burst of applause said : Mr. Mayor, Mr. President, and brethren : Some men are born to honour, some have honour thrust upon them. Age hath its honours, and that is the reason why I am to propose on the present occasion a vote of thanks to our President for his magnificent address. It has been my privilege to hear some forty-five Presidential addresses at the various Congresses. Grand, grand men we had forty years ago—we have grand men still. We hear addresses scientific, theoretical,—humorous sometimes—but I do not remember one that I have heard during the course of my short career, which has been the subject of more thought and research than the one we have just heard. It is one more for the study, for the chamber, than one simply to hear delivered ; a subject the points in which are so numerous, so various, so deep, that they require going over again and again, and thinking out before we can realise a tithe of what Dr. Goldsbrough, our President, has brought before us. Therefore,—and I am too feeble to say more, and you must please excuse me,—I propose a hearty vote of thanks to Dr. Goldsbrough for his address. (Applause.)

Dr. H. Nankivell (Bournemouth) : I have been asked to second my old friend Dr. Clifton's motion this morning, and I feel proud to be associated with him in the vote of thanks to our President. We have been listening to a paper most varied in its research, most wide in its range of thoughts, and we have realised, as our President has gone from point to point, that the doctrine of similars has been the essential point of his argument ; and that he has endeavoured not unsuccessfully—I would rather say most successfully—to associate that doctrine with the more general scientific principles of which he has spoken. It is in no sense of criticism or reflection that I am saying this. The address is beyond criticism, and indeed it is not our habit in any sense to criticise any presidential address, but one merely indicates the appreciation that one has for another man's very hard work, and for the power and eloquence with which he has laid his conclusions before us. I desire, therefore, to associate myself with Dr. Clifton in this vote of thanks.

The vote was carried with much applause.

The President : I am extremely obliged to you for the kindness with which you have received my address, and to my friends Dr. Clifton and Dr. Nankivell for their kind expressions on my behalf.

Dr. Dyce Brown at this point said he would move a vote of thanks to the ladies for their kindness in attending this part of the Congress, and as the rest of the business would be purely

professional, he regretted that they could not have the pleasure of having the ladies with them during the remainder of the proceedings.

The visitors then left the Council Chamber, and a short interval was allowed, during which the Hon. Treasurer, Dr. Madden, received the members' subscriptions.

Dr. Ord then read Mr. Dudley Wright's paper on "Asthma, from a Reflex Point of View," which will be found at page 641 in our present issue.

The President: I am sure we are very much obliged to Dr. Ord for reading the paper, and we will now ask him to read his own, which is entitled: "Asthma, a Vaso-motor neurosis: its Dietetic and Medicinal Treatment."

Dr. Ord's paper will be found at page 646 in our present issue.

Discussion on Mr. Dudley Wright's and Dr. Ord's papers was taken together.

The President: Before I ask for the discussion on these two papers, I may be permitted to make a remark on the general nature of the papers read at these Congresses. I have been thinking over the bearing of the Congress in relation to our work as homœopaths, and also with reference to our position compared with the general body of the profession. It has seemed to me—and I hope you will regard these remarks as worthy of being uttered—that we should as a rule consider these two points in the presentation of papers. I have thought that subjects are more appropriate if they are subjects which could be discussed with the general body of the profession on common ground. In the case of asthma we have a subject which can be thus discussed, and it seemed particularly appropriate in a health resort of the type of Hastings and St. Leonard's. In the paper of the afternoon we have in nephritis a subject in which homœopathy has triumphed in many cases over the old school treatment. Concluding, the President called on Dr. Hawkes, of Liverpool, to open the discussion.

Dr. A. E. Hawkes remarked that the only qualification he possessed for the task courteously set him of opening the discussion, was that his long journey had afforded him an opportunity of consulting Dr. J. F. Goodhart's article in the *System of Medicine*. He referred to the nerve storms of migraine and asthma, and the writings of Liveing, and also stated that bronchitis as a chronic disease often supervened upon attacks of asthma. He remarked that some members of a family often suffered from paroxysmal sneezing, while others—chiefly males—had asthmatic attacks. A case was related in which asthma resulted from an injury to the nose, the asthma having been much relieved by attention to the

injured organ. Electrical irritation of the nasal mucous membrane increases intra-bronchial pressure. Reference was also made to paroxysmal bronchitis affecting children, and Hyde Salter's cases of asthmatic attacks in two infants aged respectively fourteen and twenty-eight days. Dr. Hawkes next quoted the following: "I have myself," says Dr. Goodhart, "known of a case where asthma and psoriasis seemed to alternate in the same person, and I have also come across this curiously suggestive alternation as regards eczema. The mother of a family is the subject of spasmodic asthma. She has had four children. In the first and third pregnancies she had no asthma, and in each child bad eczema appeared, and death resulted in one from convulsions. In the second and fourth pregnancies the mother had bad asthma, and the children have hitherto been healthy." Raynaud's disease and asthma seem to be to some extent associated, having paroxysmal sneezing in common. Nervous diarrhœa may be placed in the same category. The occurrence of asthma at different ages was next spoken of, also its hereditary nature. Out of 125 cases, 50 were hereditary and 25 directly so. The peculiar fact was referred to, that not only hay, but contact with rabbits, deer, feather pillows, privet, cats, and dogs, would lead to an asthmatic attack in susceptible individuals. The alternation of urticaria and asthma, and the strange fact that contact with cats would in certain persons produce both of these diseases, was dwelt upon. Speaking of the pathology of asthma, Dr. Hawkes stated that malaria, influenza, emphysema, and permanent bronchial catarrh were associated conditions. He also referred to the resulting deformity, and to the severe forms of asthma at times associated with kidney disease. His authority was not able to attach much importance to Curschmann's spirals, or to the Charcot-Leyden crystals. Why spasm of the small bronchi preventing ingress and egress of air took place, could in many cases not be explained. The turgid mucous membrane of the nose, and the turgid erectility of the bronchial mucous membrane and of the trachea actually seen by Störck, suggest the application of adrenalin, but not, it was to be feared, on homœopathic principles. It was not necessary to refer to the use of ipec., nux. vom., lobel., stram., or to the palliative effects of chloroform. Their allopathic friends at times succeeded with pot. iod. when other remedies had failed. In concluding, Dr. Hawkes said that antim. arsenicos. was useful, especially in young children; that sulph. must not be forgotten in the skin cases he had called attention to; and that cupr. arsen. had in some cases succeeded where these remedies as elements had failed.

Dr. Clowes Pritchard was next called upon to speak on the surgical side. He remarked that he had not had much time to get many remarks together. It was only a few days ago that he was told he was expected to take that part, and in the midst of secretarial duties they would readily understand that his hands had been pretty full. Dr. Ord had said he did not have many cases of asthma which were relieved or cured by surgery. He was glad that Dr. Hawkes had come to his assistance, and quoted one case which had been so cured. The field for the surgeon in these asthmatical conditions was somewhat limited. The following are conditions to which the surgeon should pay especial attention :—

I. *Nasal*.—(a). Hypertrophic rhinitis.

(b). Hypersensitive areas of the nasal mucous membrane.

(c). Badly deflected septa or large spurs.

(d). Nasal polypi.

I am perfectly aware of the fact that the above conditions may not cause asthma, but that they may reflexly excite an attack in some patients I firmly believe. The smell of a cat we know will do this in rare instances—as also will other stimuli of an equally curious nature.

II. Naso-pharyngeal and pharyngeal.

(a). Adenoids.

(b). Enlarged tonsils.

III. Abnormal conditions of the genitalia—male and female.

The treatment of the above conditions embraces the electric cauterization and removal of hypertrophic parts by various methods. Four years ago he had two brothers suffering from asthma, and he found in each large tonsils and a good crop of *adenoids*, which were promptly removed. One of the lads got perfectly well, and he had been seen several times between then and now; and he had never had another attack. The other lad has had frequent attacks. As regards the genital conditions, of course they must be removed. He was sorry the surgical field was so very limited, and having had so little time in which to look the matter up he must apologize for those few disjointed remarks.

Dr. Dyce Brown said he thought they would agree that the causes of asthma were so exceedingly varied that they could not find in the case of some patients what was the distinct cause. Diet was one thing that could be altered. But there were some cases in which they could not find anything wrong, although they went over the case carefully and fully. The asthma remained, and there was nothing wrong to be detected or altered in the way of diet. In those cases they must put them down as neuroses, whatever the exciting cause may have

been. They found that some patients were distinctly better in some parts of the world than in others. Some could live comfortably in London, and if they went to live in any other place in the country they were worse, notwithstanding there was nothing wrong in their diet or otherwise—simply the change of locality. One lady patient of his was always fairly well in London, but she could not be in the country twelve hours without being ill. There was only one place out of London where she kept her asthmatic health. They all knew of the case of the gentleman who lived in the West-end of London and had gone to Seven Dials, only a distance of two miles, but it made all the difference to him between comfort and health, and sickness and disease. They must put such a case down to pure neurosis. In regard to treatment, the medicines spoken of were well known as valuable. One drug he had found of great use was cuprum metallicum in the sixth dilution. He found this to be of the greatest service in cases where there was nothing to rectify in the way of diet, but where there was a marked degree of spasm of the bronchial tubes. The latest case he had was that of a lady who had a severe attack in the country, but could not specify the cause. She wrote and asked him whether she should go to London, where she was always better. He advised her to do so, and in the meantime prescribed cuprum met., No. 6. Ten days later the lady wrote that she did not come to London because she got so well under the treatment that she did not need to. He thought that was a medicine which was not so much used as it might be. In the severe bronchial spasm it was of special value.

Dr. Pincott (Tunbridge Wells) related the case of a young man who had been out in South Africa some years on a farm. He had a weak heart, and he returned home and consulted him for a bad attack of asthma. There were post-nasal adenoids, and an operation for their removal was suggested. The patient was about to submit to the removal when some friend sent him to Guy's Hospital. There they took the same view of the case. The adenoids were removed, and three weeks later he came back and said he was perfectly cured, and was indeed better than he had been for several years. He went out again to South Africa, hoping he would be quite restored. Since then he had heard that the young man had had several attacks and was now suffering from acute tuberculosis. May not tubercular conditions be one of the causes of asthma symptoms, and a reason why cases were not more influenced by treatment? With regard to medicines he had found useful, he mentioned kal. bich. and ipecac. In some cases where the asthma had been very bad he had found these

give great relief. One patient he gave this to sent for him within twelve hours, and he found her suffering from severe irritation (urticaria) all over the body. She accused him of attempting to poison her, and said she would be driven into a lunatic asylum, so intense was the irritation. However, she quickly recovered. About six months later the same patient had another attack and sent for him. Forgetting the previous experience, he gave her the same medicines, with the same results. This occurred on three different occasions, and she considered the remedy worse than the disease. This condition he attributed to the kali.

Dr. W. Wolston (Edinburgh), said he thought they ought first of all to tender their thanks to the writers and readers of those two interesting papers. He thought them important, as the subject had been viewed from two sides, the surgical and the medical. Most of the members of Congress viewed it perhaps from the medical side. As it happened that during the last twenty-five years he had interviewed many thousands of nares, he could speak from the surgical side, and he was quite with Mr. Dudley Wright when he spoke of the great infrequency of the nares being the cause of asthma. Dr. Ord had spoken of two kinds of asthma, the dry and the bronchial, and he thought they would find there was something to be gained by bearing that in mind. Proceeding to deal with the surgical aspect, Dr. Wolston spoke first of the enlarged turbinated bodies, posterior and anterior. He had removed a great many, not very frequently for asthma, but he could not say the removal of these bodies had cured the asthmatical conditions. As to septa, he was inclined to say a perfectly normal nares was a thing almost unknown. If they examined ten thousand heads they would not find the septum alike in contour in two of them, and nasal spurs existed in a very large percentage. These latter were great causes of inconvenience in breathing, but whether they were frequently the cause of asthma he gravely doubted. As to nasal polypi he had operated in 800 or 900 cases, and asthma had not been associated with them in 5 per cent. As to nasal adenoids many hundreds of cases had passed through his hands, but he was not aware of any in which asthma had been associated. He thought it was most frequently the stomach that was at fault. They would have to get back to the stomach, as almost always the key to the mischief was mal-digestion. Here he thought Dr. Ord's remarks were exceedingly valuable. Whether his uric acid theory was absolutely true time would prove, but he thought a little more attention in that direction would be of great value to their patients. As to atmosphere, that was common knowledge; they all knew that some

people who could not live in a clear atmosphere were happy in Seven Dials or some similar atmosphere. The question of treatment was very important. One medicine which he had not heard mentioned, and which he certainly thought was very useful, was anthoxanthum. He had used it internally and in the form of spray, which was exceedingly comforting and helpful to the patients. Arsenicum he frequently used. Cuprum he had relied upon very much, and found it gave very beneficial results. Lobelia and kali bichrom. he had also used. There was another very useful remedy that was undoubtedly a great comfort to asthmatics, called Tucker's Specific. What was in it he did not know, though it was more than suspected that adrenalin was its chief constituent. After he had prescribed in vain for these chronic asthmatic patients, they would come and say, "I am quite right," and when asked what had happened he had often received the reply, "I have taken Tucker's Specific." There really was something in it which gave absolutely immediate relief. Although it was not known to be a homœopathic remedy, if he had a bad attack of asthma, and his fellow-members of the Congress failed to cure him, he should be inclined to try "Tucker's Specific."

Dr. Herbert Nankivell said he was inclined to think that at Bournemouth asthma was rather dying out. At any rate his proportion of asthmatic to other cases was less than it used to be. He had once an old colonial governor under his care, suffering from very obstinate bronchial congestion and asthma. After two or three days' treatment the patient said, "Look here, there is only one thing to cure me, doctor, and I am going to take it to-night: calomel. "How much do you take?" "Thirty-five grains, and no less!" The next morning when he called, the patient was lying in bed, as comfortable as a king. He said he had taken the thirty-five grains and that here was the result. There was one curious thing about asthma: one did not so much notice hereditary cases; it was found rather in brothers and sisters, in groups of the same generation. He thought there was often a predisposing cause in the preceding generation which rendered the children more or less liable to asthmatic developments. When they found that the disease was the result of diet, then the great point was to change the diet. He remembered an old man of eighty who suffered from asthma. He put him on to a Salisbury diet, and the patient got better, and was practically well for six months. On the other hand he lately saw a girl whose attacks of asthma were undoubtedly excited by cakes and butter, and ceased on the exclusion of them from her dietary. The most hopeful cases of true bronchial

asthma they treated were those of from three to seven years of age. These children suffered from bronchitis in the winter with asthmatic aggravations. They did well with care about diet, with the use of bryon. and ant. tart. during the attacks, and with hepar sulphuris or a course of Eaux Bonnes during the intervals.

Dr. Clifton Harris (Brighton) said that they had had a great deal of the etiology and pathology of asthma, but had had no practical suggestions as to what palliative treatment should be adopted to relieve an acute spasm. He had found instant relief in some cases from inhalations of amyl nitrite, and in others from 5-grain doses of citrate of caffeine in warm water. His experience of inhalations of the smoke from burning stramonium was that although in a great many cases there was distinct benefit, in others the condition was aggravated. Among homœopathic drugs he had found phosphate of magnesia, 5-grain doses of the second decimal given in hot water, the most useful.

The President then called upon Dr. Ord for his reply.

Dr. Ord said he had very little to remark except to thank the members on Mr. Dudley Wright's behalf and his own for the very kind reception they had given to the papers. There was one particular in which they had been exceedingly successful, more than he had dared to imagine they would be, in that most important of all respects, that was in producing an ample and interesting discussion. He thanked Dr. Pritchard for giving an undoubted instance of a surgical cure of asthma; he also thanked Dr. Dyce Brown for suggesting cuprum metallicum 6th dilution for use in cases where the cause of the asthma could not be determined. Dr. Wolston's remarks were very interesting, and he was glad to know of anthoxanthum. He had used it in hay fever, but had never given it a chance in asthma, and he should certainly try it. With regard to Tucker's Specific he was told by a chemist that it contained adrenalin, which was probably the essential drug in it. Dr. Nankivell's patient who cured himself with 35 grains of *calomel* was an interesting example of self-medication. Dr. Harris had recommended the use of citrate of caffeine as cutting short the asthmatic paroxysm. That was mentioned by Haig as one of those remedies which were successful because in his opinion they cleared the blood of uric acid.

THE LUNCHEON.

At one o'clock the Congress adjourned for luncheon, which was served at the Queen's Hotel. The local doctors, Mr. Frank Shaw (the Vice-President), Drs. Pritchard and Capper

(the Hon. Local Secretaries), and Dr. Chalmers, of Bexhill, were the generous hosts, and a very dainty repast was placed before the guests. Before leaving the tables,

The President said he knew they would all join with him in returning most hearty thanks to Drs. Shaw, Pritchard, Capper, and Chalmers, for providing that very *recherché* luncheon for their delectation, and he had very much pleasure in proposing that they give them a very hearty vote of thanks.

Dr. Wolston said he rose with the greatest possible pleasure to second the proposition. They had had a very pleasant and beautiful meeting in the morning, and he thought they had also had a very pleasant and beautiful luncheon, for which they offered their best thanks.

The vote of thanks was carried by acclamation.

Mr. Frank Shaw in responding to this cordial testimony of appreciation said: On behalf of my colleagues, Dr. Capper and Mr. Pritchard, and Dr. Chalmers, of Bexhill, who so kindly wished to be associated with us, I beg to welcome most heartily every member of the Congress to Hastings. We are so accustomed, when we go to London or the Provinces, to being so royally entertained, so kindly treated, that it is quite a pleasure to us when the tables are turned to-day and we play the part of hosts. We are particularly pleased to welcome you to Hastings—the premier Cinque Port—because we are immensely proud of our town, and we say:—

“Hastings, with all thy trams, we love thee still.”

(Laughter.) Whether it is from the historical point of view, from the picturesque, or from climate, we think our town offers unique attractions for those making holiday or for the sick. (Dr. A. C. Clifton: Hurrah for St. Leonard's.) We hope to-morrow to take you to one of the most historically interesting places in the country, Battle Abbey, the site of one of the great decisive battles of the world, and we hope also, if it is a fine day, to show you some of our beautiful scenery. Grandeur and finer scenery you may find elsewhere, but prettier or more charming it would be difficult to find the country through. As to our climate, I notice that when anyone has not been to a place he is a great authority on its climate. (Laughter.) When you have lived there you are sure to know what the climate is. Well, here we are beautifully sheltered from the cold north and east winds by our East and West Hills, and if your patients require bracing air, let them go to the top of these hills, which will repay the climbing. Then we have the valleys stretching inland, which afford the most picturesque and sheltered positions for those who cannot stand the more bracing air.

Our front line, I am sure you will agree, is beautiful, stretching three miles by the sea, and it enables the invalid to get the maximum amount of ozone with the minimum amount of exertion. I am rather sorry that as an item of to-day's programme we have not arranged for a procession of Bath chairs along the sea front. You would then have realized what excellent advantages we have for that kind of exercise. (Laughter and hear, hear.) Then we have a splendid water supply, and we believe our drainage is good. There are beautiful parks and gardens, and a good band, and you will understand how much so charming a location will assist your patients to a rapid convalescence. There is one other little point I would allude to, and I will do so very gently, as the writer of a leading article in a world-famed journal shelters himself under the editorial "we," and therefore may be one of our guests to-day. Mr. President, the writer associates my name with yours—an honour I fully appreciate—in some depreciative remarks. He calls us "figure heads." Well, figure heads may be fine, and we have no objection to being called by such a name. But I do object when he alludes to our homœopathy as being of a "modest description." Modesty is a virtue, so great a one, that it seems impossible for some men to attain to it. (Applause and renewed laughter). I think that the writer of that article belongs to a small school of homœopathy which arrogates to itself all the virtues and all knowledge. Their homœopathy is so robust that it entirely prevents them from attending our Congress to-day. I remember that when I joined the Homœopathic Society, and was initiated into the mysteries of homœopathy, I noticed that over the portal was written: "*Similia similibus curentur.*" I am inclined to think that the particular school to which the writer in that magazine belongs would have us place these words instead:—

"Early to bed and early to rise,
If you want to get on you must advertise."

(Loud laughter and applause.) With these few remarks I welcome you heartily to-day, and if you go back a little refreshed in mind and in body as well we shall be more than satisfied. (Applause.)

Dr. Wolston remarked that had not illness prevented him, Dr. Chalmers, whose name was associated with their hosts, would have been present. He had spent the previous evening with Dr. Chalmers, who charged him to convey his hearty congratulations and welcome, and in his name he would thank them for their kind vote of appreciation. (Applause.)

Afterwards the members of Congress assembled in the Central Recreation Ground, where a successful photograph of the group was taken at the instance of the President.

AFTERNOON MEETING.

The Congress resumed the business of the day at the Town Hall at 2.30 o'clock, when the President called on Mr. C. J. Wilkinson to read his paper on "Acute Nephritis, with especial reference to Cantharides and Cantharidin." This paper will be found at page 653 of the present issue.

The President: We have all listened with pleasure to Mr. Wilkinson's elaborate and extremely interesting paper, and now it is open to you to discuss it. I think probably Dr. Hayle would like to open the discussion.

Dr. Hayle: Mr. President, this is not a subject I know more of than any other, and I have not studied the action of cantharides as much as Mr. Wilkinson evidently has. I have listened with great interest to the paper and have learned a great deal from it, as no doubt you all have. The extent of my reading is not great, but I try to study each case which comes into my hands. The kidneys are always of interest to me. I believe very strongly in the clinical examination of urine. To examine it clinically and microscopically does not take long, and I make a point of doing it in every case. No one set of symptoms you can get tell you more of the disease than the urine, and the value of the urine cannot be over-estimated. The making of such examinations will show you how the different parts of the kidney are affected in different diseases. In some the renal epithelium is small, in others it is large, in others there is none at all. Judging from my own experience and quoting from memory, I do not know that acute nephritis is a common disease by itself, but as following other diseases I think it is common. But taking it as a primary disease I do not think it is at all common: rather it is somewhat rare; but as a secondary disease it is very common indeed, as in scarlatina and pneumonia and many other diseases. In serious cases of pneumonia, for example, I always find the kidney affected more or less with nephritis, and if there is much trouble in the kidney in pneumonia I know that I am in for a storm, but if the kidney is very little affected or not at all the patient nearly always makes a good and quick recovery. Nephritis is a very serious affection when it arises in other diseases. The medicines I have used in nephritis have depended on the other set of symptoms present in the patient, and perhaps it is better to pay attention to the primary disease than to the one which accompanies it, though where the kidneys get much involved you must get a medicine to try to soothe them. It is, I think, the poisons generated in the course of the other disease which set up the nephritis, and when they have irritated the kidneys some of our medicines will soothe these organs while the poisons are being got rid of.

The medicines I have used generally in acting directly on the kidneys are arsenicum, merc. cor., apis, and terebinth. These are the four medicines I have found have acted best on the kidney, and it is wonderful how these act in acute disease. Another medicine which Dr. Nankivell, of Bournemouth, told me about is a few drops of Stern's Pumiline on a lump of sugar. I find it very useful in some cases of albuminuria. The medicines I generally use in acute nephritis in scarlet fever are arsenicum and apis, and the results I have had have been very encouraging indeed. When we have proved medicines singly we know how they will act, and in active disease a combination of two is often better than one.

Dr. Byres Moir: I think we ought to express our thanks for the clear way in which Mr. Wilkinson has laid down the relationship of the action of cantharis to acute desquamative nephritis. Whenever we have a drug proved in such a manner it stands on sure ground, and it is nearly always adopted sooner or later by the other school. The subject is an interesting one to me, because, before leaving Edinburgh, I had been attending at the dispensary during an outbreak of scarlet fever, in which many cases of acute desquamative nephritis occurred. In one of these cases, where convulsions had supervened, I saw my first case of bleeding—the result was most satisfactory, although the recovery was slow. Soon after beginning practice in London I was asked to see a child who had been given up by the doctors in attendance, for uræmia following scarlet fever. Convulsions were frequent, and no urine had been passed for twenty-four hours. Remembering the result of the bleeding in the previous case, I felt it a responsibility not to resort to it. I prescribed, however, cantharis, at the same time giving blanket packs, and I have never seen a quicker or better recovery. Since then I have seen many similar cases, and have no doubt of the beneficial action of cantharis in such cases.

Dr. Nankivell: I wish to say that I agree very much with what Dr. Hayle has said. I am inclined rather to trust tereb. in preference to cantharis. I have seen more definite results from tereb. on the whole. I remember one case some years ago of hæmaturia, which had lasted for nine months and was getting worse. I put the patient on tereb. and in three days he was practically well and never had any relapse. Pumiline I have found useful in cases of tubercular albuminuria. Given in milk three times a day, which, by the way, is an excellent vehicle, its effect was very marked. The urine at first was almost solid with albumin, but it soon improved, the albumin dropping rapidly to one-eighth, and in a few days even to one-sixteenth.

Dr. Wolston : I should like to join in thanking Mr. Wilkinson for his paper ; it is a most interesting one, and I think it should be a help to us in the treatment of these cases. Cantharides is a most valuable remedy in cases of acute nephritis ; but we want to know in what cases it should be given. It is pre-eminently useful in post-scarlatinal nephritis, and the more acute it is, the more success you will have in its use. But in other cases, where you have acute nephritis produced by cold, I do not find such great benefit from cantharis as from other remedies I can mention. But the value of it was impressed upon my mind shortly after starting in practice, and when I was of course a complete tyro in homœopathy—I am speaking now of thirty-five years ago. We then had a tremendous epidemic of scarlet fever in Edinburgh, and dozens of cases came under my hand. One day I visited a woman with six children, all of whom had the fever and had come through it beautifully. I was received by a chorus of scolding from the children, who complained that I was not treating them fairly. " You have let little Annie out, and not us," they cried. " Who is little Annie ? " " The girl across the street." She was one of a family of three who all had the fever. I crossed the street immediately, and said to Annie's mother, " Have you let that child out in this keen March east wind ? " " Yes," she said ; " it was a fine day, and I thought it would do them all good to go out." " You senseless woman," I said, " you know I told you if you valued the child's life not to let her out." I told her if the child went wrong to send for me at once, and I was soon sent for, and found the bonny little lassie in high fever, and urine smoky and getting scanty. The next day it was absolutely suppressed, what had been passed being almost pure blood. I tried arsenicum and other remedies. The next day the patient was at the point of death, with pulse 150, general twitchings, which I expected any moment to end in convulsions, and panting for breath like a dog in the height of summer. I did not know what to do ; but at length I said to myself, " It is a case surely for cantharides." She had only passed a tea-spoonful of water in the previous twenty-four hours, and that day none at all. I put six drops of B.P. tincture of cantharis in a glass of water, and gave a quarter drop dose every hour. In the evening I learned that she had passed quite a tumbler-full of water. The next morning, when I called, I found the youngster dancing her dolly in bed, and crying to get up. She had passed a pint of absolutely normal urine, and she made a perfect recovery. About the same time I was summoned to another case. I found a child of twelve in the most violent

convulsions, and profoundly unconscious. A dentist who lived near had advised the parents to send for me, and he had also told them that the convulsions were caused through the child cutting a wisdom tooth. The child was lying on a sofa in front of the fire, covered by a sheet, but stark naked—the dentist having told the parents to keep the skin cool. I learned that six weeks before scarlet fever had been in the house, and I felt pretty certain the convulsions were post-scarlatinal. Fortunately I had my catheter, and I drew off a teaspoonful of urine. I found it bloodless, but quite solid on boiling. I had the child placed in bed, and gave her belladonna. The next morning at five I was sent for again for convulsions, and then went in for hot-packing. I gave a hot-blanket pack from head to heels, and put her into bed, and from that moment she never had another. We poulticed her well, and she sweated tremendously. The same evening I again drew off the water, which was still loaded with albumin, but there was no blood. I thought that was a case in which cantharis was not indicated, as all the conditions pointed to terebinth, and I prescribed it. She rapidly became conscious, passed a quart of water free of albumin within twenty-four hours, and made a beautiful recovery. I think the difference between the two remedies is this: If you have albuminous but non-hæmorrhagic urine you will find more result from terebinth; whereas if there is a quantity of blood we get most valuable aid from cantharis, and a wonderful remedy it is. Other remedies are apis, mer. cor., apocynum, arsenicum.

Dr. Dyce Brown: There are two ways of discussing this paper—either to discuss this most interesting subject in general, or keep closely to the paper. If we keep entirely to the paper we must agree it is most admirable, and the relation of cantharis to acute nephritis is most closely shown. We all know that cantharis is, from our experience, the most valuable drug we possess in cases of nephritis. One point, however, I wish to speak of, and that is that in talking of nephritis generally we must avoid being tied down to physiological results. According to certain theories certain drugs—such as terebinthina and belladonna, ought not to be useful specially in acute nephritis. But we know they are, and the case quoted by Dr. Harley, in his “Old Vegetable Neurotics,” shows that they are. With such examples before us, I think we ought to be careful not to allow theoretical views to interfere with our practical results. I quite agree with Dr. Hayle that the drugs he names are valuable more or less according to the particular circumstances of each case.

The President then called on Mr. Wilkinson for his reply.

Mr. Wilkinson: I thank you very much for the interest

taken in my paper, and for the discussion which it has elicited. I would like to put myself right with regard to one matter. My object has not been to laud cantharis as efficacious in acute nephritis in general, but, rather, to point out that its sphere, though definite, is strictly limited. I quite agree with Dr. Nankivell that, if you take all cases, terebinthina will cover a greater number than cantharis. I would like, also, to protest against putting a consideration of pathology in opposition to symptomatology. I do not see that they need be opposed. I should rather be inclined to say that, if we have learned the particular use of a drug, we improve our position as cultured physicians when we pass on to study the physiological and pathological factors of its action. I have no doubt that Dr. Dyce Brown agrees with me here. By the homœopathic law, each point of view should support the other. There is room for both; and certainly at present we are not suffering from too much pathology.

THANKS TO THE MAYOR.

Dr. Dyce Brown said the Mayor had been kind enough to be with them at the opening of the Congress, but the members did not all know that he had allowed them the use of the Town Hall without any charge. He begged to propose that they give a vote of thanks to the Mayor for his kindness in allowing them the use of that hall for the meetings. (Applause).

Dr. A. E. Hawkes: I think it is a very generous thing on his part. Having some little knowledge of Mayors and Corporations from personal contact, I certainly think it is the proper thing to do to extend a vote of thanks to the Mayor of Hastings for the generous loan of this room to-day. (Applause.)

The President: I take it that your applause is sufficient warrant for the vote.

THE BUSINESS MEETING.

The Congress then took up the formal business of the day.

Dr. Dyce Brown read the minutes of the previous Congress, which were confirmed and signed as correct.

The President: Before we proceed to what I may call the mere formal business of the Congress, I have an important matter to lay before the Congress, which requires some consideration; that is, in reference to the appointment of representatives from British Homœopathic bodies to the International Homœopathic Congress to be held in America next year. Since the lamented death of Dr. Hughes, there has been no connecting link to be found between the different countries which previously united at the International

gathering. As you have already gathered from the proceedings of the British Homœopathic Society and others, through the efforts of Mr. Knox Shaw an endeavour has been made to bring together the various elements in connection with the holding of the International Congress. The circulars which have just been handed round contain a *résumé* of the proceedings up to date, signed by Dr. Sutherland, the President of the American Institute of Homœopathy for last year, who asked for their distribution here to-day. On the basis of this circular I brought before the Council of the Congress the question whether it would not be advisable for representative bodies in England to appoint certain men of their number to form part of a committee. I have no doubt the British Homœopathic Society will take some action, and it appears to me that it would be a wise thing that the British Congress should also take some action. Therefore I wish to move that one or more members of this Congress be chosen to co-operate with the Committee formed in America for the carrying out of this International Congress to be held in September next year. As an addendum to this proposal we shall have to discuss whether our own Congress should be held next year or not.

Dr. Dyce Brown : I fully approve of what the President has just said. I beg to propose that of the Committee that is to be nominated by the Congress, our President, Dr. Goldsbrough, be one.

Dr. A. C. Clifton seconded.

Dr. Madden : I regret to find myself not looking eye to eye with you, and I beg to propose that the Congress take no steps, but leave it in the hands of the British Homœopathic Society.

Mr. Knox Shaw said that Dr. Sutherland was over here last year ; he had sent him a letter covering a copy of the circular before the Congress, asking him to bring the matter of the International Congress before the British Homœopathic Society, and also telling him that he had sent a similar letter to Dr. Goldsbrough as President of the Congress. After reading this letter he would suggest that three gentlemen should be chosen by the Congress, and that endeavour should be made to get the British Homœopathic Society and other Homœopathic Societies to elect members of their bodies. By that means there would be a representative Committee to arrange for the papers to be presented to the Congress. Out of their number they should appoint some one as secretary, who would communicate the suggestions of the Englishmen as to the conduct of the International Congress. Dr. Sutherland was anxious to have suggestions from him. Mr.

Knox Shaw now proposed that three members be chosen, and that it would be well if they were men who would make it a point, if possible, of attending the International Congress. He thought it is really rather important that Englishmen should make an effort to attend the International Congress, as the original intention was to hold the Congress in June, but earnest representations having been made that it was practically impossible for Englishmen to attend in June, the American Institute of Homœopathy altered the time to September. He hoped therefore, that considerable effort would be made to attend the Congress; and it would be well if the members who formed the Committee could be sounded as to the possibility of their getting over next year.

The President: My name has been mentioned, and personally I should desire to go, but I am not sure that I shall be able to do so.

Dr. Dyce Brown: The object is to have representative men on the committee, and it should be left to them to say whether they can go or not.

Dr. Johnstone: I do not see that there is any room left for organization in this country at all. There is nothing said about sending in papers from this side. Perhaps Mr. Knox Shaw can tell us whether there is any understanding on that point.

Mr. Knox Shaw: I have not brought the letter with me.

The President: I have my letter with me, and Dr. Sutherland asks you to take some definite action in the matter. Dr. Goldsbrough then read the letter, and proceeding, said: It seems to me that the circular does not leave us much room, but, on the other hand, it does not seem that it would be right for us not to take some action in the matter. Because, apparently, no room is left for a paper, there is no reason why we should not try to force the pace a little as well as America. I believe this country was the first to take in hand the question of an International Congress, and we ought not now to be behindhand in following it up.

Dr. Wolston quoted from the circular the following sentence: "All Homœopathic institutions, Societies, and organizations, of whatever nature, are urged to send delegates and authorized representatives to the Congress."

Dr. Johnstone: I think it would be well if the Congress would go a step further, and take the lead in getting other institutions in Britain to co-operate in this matter. I will go this far, to suggest that the Congress should ask the British Homœopathic Society, the Association, and the leading Hospitals to confer in the matter, so that British homœopathy shall be thoroughly well represented at the Congress. With

regard to delegates from this Congress, I think the main thing is to find out first who can go. It is no use appointing three or four delegates who won't or cannot go. No one can say at such a distance of time, but there are members with a clear idea whether they are likely to be present. I will with pleasure second the proposition that we appoint three delegates or committeemen to confer with others from other associations.

The President: It seems to me that each representative body should take the initiative in this matter. I believe Dr. Dyce Brown fully intends going to Congress, and I would like to suggest his name as one of the three to form the committee.

Dr. Neatby seconded, and also proposed Dr. Moir, a great traveller, and one who is well-known in America.

Dr. Moir proposed Mr. Knox Shaw, the first one to take an interest in the matter, and he hoped we would force him to go to America.

Dr. Nankivell seconded both names before the meeting.

Dr. Moir, however, declined the honour, and Drs. Goldsbrough, Dyce Brown, and Knox Shaw were chosen, the last named being nominated convener.

The question as to the time of holding the next British Homœopathic Congress was then discussed.

The President said the point was where the Congress was to be held. If it was in London it would probably take place in June; if it was in the provinces it would probably be in September, and that might necessitate the consideration of whether the Congress should be held next year at all.

Dr. A. C. Clifton: I think it was quite decided that the Congress should be held alternately in London and the provinces.

The President: I take it then that there will be a Congress next year in London.

Dr. Clifton: And in June.

The President put the question whether the Congress should be held in London, and this was unanimously approved.

Dr. Wolston: What day?

The President remarked that it would depend on the British Homœopathic Society, which held its meetings the last few days in June or the first week in July.

The election of President of the 1906 Congress was the next business, and this was done by ballot. The President: I have much pleasure in informing you that by a large majority Dr. Edwin A. Neatby has been elected President of the Congress for next year. (Applause.)

Dr. Neatby, in thanking the members for his election, said the surprise they had given him made it difficult for him

to express his feelings. His sense of the responsibility and the honour they had conferred upon him was very considerable. He thanked them very much for the election.

On the proposition of Dr. Madden, seconded by Dr. Geo. Clifton, Dr. McNish, of London, was unanimously appointed Vice-President.

Mr. F. Shaw moved that the Hon. Treasurer (Dr. Madden) and the Hon. Secretary (Dr. Dyce Brown) be re-elected. This was carried unanimously.

The President : we shall want a local secretary in London.

Dr. Dyce Brown moved that Mr. Dudley Wright be asked to fill the position.

Dr. Madden seconded, and this was carried unanimously.

The President pointed out that there were vacancies on the Council to be filled, and Drs. Burford, Knox Shaw, Goldsbrough, and Searson were chosen.

Dr. Dyce Brown : I propose a vote of thanks to the President for the admirable manner in which he has carried out his duties.

A chorus : His duties are not over yet.

The members of Congress then adjourned to the Buchanan Hospital, where they were hospitably entertained to afternoon tea by the Board of Management. Afterwards they inspected the well-kept and picturesque grounds, made a tour of the cosy wards, and visited the splendidly equipped operating room, Mr. Frank Shaw acting as *cicerone*.

Dr. Goldsbrough, before the party left the Hospital, expressed cordial thanks to the members of the Board of Management, and to the matron and nurses, for the hospitality they had extended to the Congress. It had been quite a pleasant interlude in the proceedings, after the discussion of dry subjects, to see the beautifully decorated rooms, to look into the smiling faces of the patients, and to find their needs so well catered for. He wished to thank them for so kindly thinking of the members of the Congress.

The Matron of the Hospital : It has been a great pleasure to us to see you here.

THE DINNER.

The Congress dinner was held at the Queen's Hotel, Hastings, at 7.30 o'clock, on the evening of Friday, Sept. 22nd. The President (Dr. Goldsbrough) presided, and in addition to the members of the Congress there were present the Mayor of Hastings, Sir George and Lady Truscott, Rev. W. and Mrs. Pinckney, Mr. and Mrs. Carpenter, Mrs. Frank Shaw, Miss Shaw, Miss Ransford, Mrs. Clowes Pritchard, Mr. and Mrs. A. D. Snow, Miss Le Cocq, Miss Whitborne, Miss Hawkes, Miss Clifton, Dr. Menneer, and Mr. J. Johnston.

The President opened the post-prandial proceedings with the loyal toasts. He said: Ladies and Gentlemen,—I ask you to charge your glasses. I have the honour to give you the toast of His Majesty the King. I have just heard of an incident in connection with His Majesty which reminds me of the theme of my address of this morning. I am informed by Dr. Clifton, of Northampton, that His Majesty had said he would allow his subjects to drink his health in water as well as in wine. This is a concession to liberty of opinion, I venture to think, worthy of being stated in this assembly, where we all as medical men look upon liberty of opinion as something we value more highly than anything else. (Applause). I need hardly remind you of the interest His Majesty takes in medical subjects. For these and other reasons, and the truly loyal feeling which, I am sure, wells up in all our hearts, I desire to give you the toast of "His Majesty the King." (Applause).

The toast was loyally received.

The President: I think it was an extremely felicitous thing that His Majesty should have stated that we could couple the name of the Queen with the other members of the Royal Family. There is something extremely happy in thinking of Her Majesty as the mother of the future Royal Family of England, and I think in Her Majesty we have motherhood exemplified in a remarkable degree. I have risen to propose the health of the Queen, the Prince and Princess of Wales, and the rest of the Royal Family, and I am sure we shall wish them good health and happiness in the exalted position in which they are placed. (Applause.)

This toast was also received with due loyalty.

The President announced that he had received from the High Alps the following telegram: "I send to you and Congress cordial greetings, Burford." Handed in at Zermatt 2.2, received 5.9. A letter had also been received from Dr. Murray Moore, of Liverpool, expressing regret at unavoidable absence.

Dr. Clifton Harris then performed a pianoforte solo, in an admirable manner.

The President: The next toast is one always honoured at meetings of the Homoeopathic body, and I will ask Dr. Neatby, the President elect of the Congress, to propose that toast.

Dr. Edwin A. Neatby: Mr. President and Ladies and Gentlemen,—For some forty years, as Dr. Clifton told us this morning, these congresses have been held, and the memory of Hahnemann has been celebrated by us in solemn silence. I cannot go over all the features of his character, and all he has done for us and for the world at large; all these have been

brought forward during these forty years. But there is something ennobling in the memory of Hahnemann, who showed forth some of the finest characteristics of human nature. In the midst of oppression and opposition of all kinds he persevered patiently in well-doing. He was a scholarly member of a profession which at that day was hardly worthy of him. He was a leader in science, he was a scholar, and he was so far in advance of his time in many ways that we are only now beginning to catch up with him. But it is always the case that when new and strong and changing truth comes into the brain of a man of genius, it is opposed and oppressed—the truth is opposed and the man is oppressed. It is sad it should be so, but it has been so throughout the history of the world. It is gratifying to know that virtue is its own reward. Hahnemann felt that, and he happily realized something a step further than that. He realized the misquotation of the saying—it is often said that “Virtue brings its own reward.” Hahnemann found that it produced its own reward, and he lived to see success crown his efforts in his own sphere, able to live in comfort, surrounded by admirers and followers, by those who were as enthusiastic as himself in propagating the truths he had collected—we cannot say invented, we can scarcely say discovered, for there was much known of the truth before his time; but he brought it to the front, and rescued it from oblivion. It is 150 years this year since Hahnemann was born, and a little more than 60 years since he died. If we want to see Hahnemann’s monument we have but to look around us. It is due to his genius that we are assembled here. Look a little further into another part of this flourishing borough, where we were this afternoon, we see the Buchanan Hospital, another memorial to his genius. We note the success they have there, and we see the finest operating room for its size to be found in any Hospital in this country. I can say it without any jealousy; we only quite recently thought our operating room at the London Homœopathic Hospital was one of the finest in existence, but I must say Hastings and St. Leonards has “gone one better.” When we look at the Homœopathic Hospital in London, and the work carried on there, and the various hospitals throughout the country, north and south, we see monuments to Hahnemann and his genius; and on a still grander and larger scale we see monuments to him in America. Through the conservatism of our British characteristics we have not made the progress which has been made in America. In that young and ever-growing country they have erected on all hands monuments, not in stone, but living, growing, speaking, teaching monuments to

the genius of Hahnemann. So we need not use many words to celebrate Hahnemann, to rejoice in his memory. I feel it is easy to say too much ; it is like holding up a candle to illuminate the sun to speak of Hahnemann in my poor words. I ask you to drink in silence to the memory of a great and good man.

The toast was drunk in silence.

Dr. E. J. Hawkes, Ramsgate, then favoured the company with a song, the accompaniment being played by his niece, Miss Whitborne.

The President : Homœopathy is graced by the support of some very enthusiastic gentlemen who are not members of the profession. We do not find here that general medicine is also so graced, and in that case we are, it seems to me, particularly fortunate. I have only to recall the names of Lord Avebury, Major Gordon, Earl Dysart, Captain Cundy, Sir Henry Tyler, and last but not least, Sir George Truscott. I am happy to see him with us to-night, and that his name is on the toast list, and I venture to ask him to propose the next toast.

Sir George Truscott : Mr. President, Mr. Mayor, Ladies and Gentlemen,—You, sir, say you are happy to see my name on the toast list. I am afraid I cannot say I am as completely happy in that respect. If there is one thing I do dislike it is making a speech ; but when the cause is good, and when I am in such a pleasant gathering as I am to-night, I feel my task is not so great as it otherwise would be. To me has been allotted the privilege of presenting the toast of " Homœopathic Hospitals, Dispensaries, and Literature," and I think you will all agree that that is a toast with a very comprehensive title indeed. I can just fancy that some of you, especially the ladies, feel exceedingly nervous as to whether I shall not lose myself in the labyrinth of the immense subject placed in my hands. Let me at once assure you I am not going to do so. I shall not lose myself in the maze, because I shall not attempt to enter it. I feel that my duty is rather to act as master of the ceremonies, and so introduce to you the three gentlemen who will be the chief actors in connection with this toast. I take it that it is placed upon the list in order that I may have the opportunity of paying recognition to the fact of the important part which Homœopathic Hospitals and Dispensaries play in the beneficent work of the healing of the sick, and the excellent results of homœopathic treatment which they show forth. (Applause.) I also think that there is another reason why we have this toast upon the list, and that is because, Mr. Mayor, within the borough over which you so ably preside, there is, as we have already been told,

one of the most excellent and the best equipped cottage hospitals connected with the homœopathic cause. (Applause.) Dr. Neatby referred to the fact that he thought the operating theatre was the best of any that has yet been built. I would remind him, however, that in the town of Bromley, in Kent, there is a homœopathic hospital with which I happen to be connected, and we pride ourselves upon having one of the best operating rooms extant, and it will be necessary for him to pay us a visit before he repeats that statement. (Laughter.) Then, ladies and gentlemen, we have the subject of homœopathic literature, and I take it that homœopathic literature is founded largely upon the experience of the work in the hospitals and dispensaries. And we must not forget that homœopathic literature has been enriched to-day by the address of your excellent President (applause), and, no doubt, by many other excellent discourses. I have pleasure to associate with the toast in connection with literature the name of a gentleman who is known far and wide for his work in homœopathy—I mean Dr. Dyce Brown, the editor of the *Homœopathic Review*. (Applause.) Sir, your words of wisdom, and the words of wisdom which you collect, and the experiences which you tabulate month by month, are of the utmost value to the homœopathic profession, and it is with very great pleasure that I, as spokesman on this occasion, take the opportunity of thanking you for the labours you put forward in connection with homœopathic literature. (Applause.) In connection with hospitals I have the pleasure to associate the name of Dr. Byres Moir, and I am sure all his professional brethren are delighted that he is with us to-night. They know what a very busy man he is, and how he is sought for, in London especially, by ladies with their children: therefore we are particularly pleased that he has been able to attend. (Applause.) Last but not least, in connection with dispensaries, I have the pleasure to associate the name of Dr. Percy Capper, a local gentleman, and one who I am certain is doing excellent work in the cause of homœopathy in this district. I will not weary you any further, ladies and gentlemen, but ask you to drink with all cordiality to the toast, not forgetting especially the three names I have mentioned. (Applause.)

Dr. Dyce Brown: Sir George Truscott, Mr. President, Ladies and Gentlemen,—I beg to thank you very much indeed for the kind and flattering way in which you, Sir George, have spoken to this toast, to one part of which I have the honour to respond. It was very kind indeed to speak as you have done of our literature, and I am only sorry that my distinguished colleague, Dr. Pope, is not with us to-night to reply to the toast; but, unfortunately,

he is in poor health, and although he was very anxious to come, it is quite impossible for him to be present. I regret very much indeed that he is not here to respond to the toast, instead of myself. Speaking of homœopathic literature I suppose I ought to reply also for the *Homœopathic World*, the editor of which ought to have been with us to-night. (Hear, Hear.) I think with Sir George Truscott that literature has a very great influence and power in the propagation of homœopathy. No doubt the printed word is of great importance in forming opinion, and as Sir George Truscott has said, in bringing forward results from the different hospitals, and being the means besides of propagating the knowledge of each to the other hospitals in the kingdom. We are delighted to give information as to our doings in the *Review*, and as to all that is going on in the homœopathic body. The literature of homœopathy is very important indeed, and I only hope that we voice the sentiments of our body. I thank Sir George Truscott, and you, ladies and gentlemen, very much indeed for the kind way in which you have drunk our health. (Applause.)

Dr. Byres Moir: Mr. President, Ladies and Gentlemen,—I have much pleasure in returning thanks for the toast of "The Hospitals." Anyone who has much to do with hospitals knows how absorbing they become, and for medical men I think the happiest part of their work is that done in the wards. There is a pleasant emulation among our hospitals, as we have just heard; for there is one at Bromley, where the operating room is everything that one could desire, and now at St. Leonards we are told that you can see one better still, while we in London know that we have good reason to be proud of our own. (Laughter and applause.) I hope the competition will continue and increase, and that we may see all our hospitals on the same lines of perfection. I have just returned from a holiday in Newfoundland, and the contrast is instructive; for until recently the whole of Newfoundland and Labrador depended upon a solitary hospital at St. John's, cases having to travel hundreds of miles by sea. The last few years much has been done, due chiefly to the work of Dr. Grenfell, who began his work with the hospital ships to the North Sea fishermen. I have to thank you for the kind reception given to the toast.

Dr. Percy Capper: Mr. President, Mr. Mayor, Ladies and Gentlemen,—I should first of all like to thank Sir George Truscott for his kindly words with regard to myself, and I would also like to thank you all for drinking my health in connection with Dispensaries. I believe our Dispensaries throughout the length and breadth of the land are doing a great and beneficent work. They are giving to the poor

the opportunity of having qualified and skilful medical advice, which they would not be able to obtain but for the Dispensaries. Also they give the people the chance of enjoying the advantages and benefits of homœopathy. (Applause.) While I am speaking I would like to say what a pleasure it has been to all of us here to have had so many of our colleagues with us from London and other parts of the country. It has been a privilege to have them as our guests, and we are proud to entertain so many learned men, but above all we are proud to entertain men who have the courage of their convictions, men who have sacrificed, and are prepared to sacrifice much for the truth that lies so near to the hearts of all of us. (Applause.) Then I would like to say just a word or two about the health of this borough. You know it is a wonderfully healthy place, in fact altogether too healthy from a doctor's point of view. (Laughter.) It is so healthy that we have quite a ridiculously low death rate, and if it were not for the elderly people who come down here to spend the last few years of their lives we might almost turn our beautiful cemetery into a park for the people. (Renewed laughter.) Just to show you the sort of thing that happens here I will tell you this. A doctor from some less favoured part of the country sends a patient here to get well. One goes in to see the patient, and finds him weak, emaciated, anæmic, and all that kind of thing, and you think to yourself: "Here's a patient for some time to come." You go in the next day and find him wonderfully better; on the third day he is almost well; on the fourth he no longer needs a doctor to help, and suggests that he would like to take a walk up and down our three mile front. (Laughter.) Take another case: Dr. Blank, of Somewhere-or-other, writes to say a patient is coming to St. Leonard's, and will send for you in the course of two or three days. Well, if you do not get the message within three days you never will, simply because the patient will be absolutely and entirely well. (Laughter.) I do not know whether you have ever thought of it, but take the word "Hastings." The first letter is H, which also stands for Health. Then take the word St. Leonard's; the first letter is S, which also stands for Sunshine. (Laughter and applause.) It is true to-day we have not had a great deal of sunshine, but that is really a thing which very seldom happens here, and I can almost promise that if you stay until to-morrow morning you will see something of our glorious sunshine. (Applause.) I want you in thinking of St. Leonard's and Hastings to always associate the two words sunshine and health, and you will then have a good idea of our beautiful watering-place. It will be nice if during the few days you spend here you have

taken in a little of our sunshine and health, and I trust that it may stand you in good stead when you return home to take up the arduous work that lies before you in the long winter months to come. (Applause.)

Miss Whitborne here performed a pianoforte solo, with great *éclat*.

The President: It is often a relief to turn from things medical, and I think for the next few minutes we shall realize that in the toast which Dr. George Clifton will propose.

Dr. George Clifton, J.P. (Leicester): Mr. President, Sir George Truscott, Ladies and Gentlemen,—I believe the Council of the Congress have made a mistake similar to what I remember in a little tale I once heard. A young lady was very severely reprimanded by her father, and she answered: "But you have made a very grave mistake; you know nothing about the subject." That is the position I am in at the present time with regard to the toast I have to propose. But the father of the young lady who was reprimanded, said, "My dear, I saw William deliberately kiss you on the doorstep," and she replied, "That is a very grave mistake; he kissed me on the lips." (Laughter). Now, if the Council had asked someone who knew something of the town to propose the toast, I think they might have done something much better than I can. I would rather almost do anything than make a speech. I would rather sing a song (applause), but I have no "song to sing." (Laughter.) I would rather tell a tale, but it would be antediluvian. (Laughter.) My tale was lost many years before the flood. But we are indebted to our local secretaries for having at our last annual meeting strongly pressed the members of Congress to come down to Hastings and see what it was like. Well, we have been, and we have found something more than we expected. (Laughter.) The first thing was, the Mayor was kind enough to give us the free use of the Council Chamber of the Town Hall for our meetings. (Applause). It is not always that heretics are allowed to cross the threshold of such a building; but I am glad to see that Hastings is one of the enlightened towns of Great Britain. As Dr. Capper has said, it is always sunny here, and everyone gets well quickly, but I really do not know whether we as doctors want to send our patients to a place where they get well so quickly. (Laughter.) When we do send them we, of course, send also a long letter of symptoms and of medicines which we think will do them good, and we hope the local doctor will get a good fee (Laughter); and then Dr. Capper says they see nothing of them. That is very unkind, both to the Hastings doctors and to ourselves. (Laughter.) But I believe it is a very good thing when these

Congresses can be held in some of these bright and sunny places. Most of us who are physicians do, I hope, make it our duty to go to most of the health resorts, not only in our own country, but also abroad, so that we may speak from experience of what these places are like; and I think after our meeting here to-day—and I hope all will stay here as long as I do and sicken the St. Leonard's friends of our presence—(a voice: "You couldn't do that")—and I hope also that we shall find by coming that we have found it to be a grand and glorious place. In future, instead of writing a long Latin prescription, you will simply say to your patient: "Go off to Hastings and St. Leonard's, bathe in the sunshine, walk along the sea front, and you will get more good than from any medicine." (Applause.) It is not always nice to do that. You don't like not to write the learned Latin prescription, which has to be dispensed, with a great deal of ceremony and mysticism about it; but I am sure if we send our patients to St. Leonard's we shall be doing the town good and ourselves and the patients a great deal more. (Applause.) I have to propose the toast of "Hastings and St. Leonard's," and I couple with it the name of His Worship the Mayor. (Applause.)

The Mayor of Hastings: Dr. Clifton, Mr. President, Ladies and Gentlemen,—I am very glad that this toast has been placed in the hands of Dr. Clifton. He has done a certain amount of justice to it, but the principal appreciation has come from the rest of the audience, in the manner in which they have received it, and evidently the short stay they have had in this pretty town of ours has already had a little effect, for they seem to be in strange good health at the present time. (Laughter and applause.) I do not know whether I am the only one present who is not a homœopath—possibly I am, but I am not going to congratulate you on that, because I have no leaning towards any "pathy." (Laughter.) I never trouble that sort of gentleman. (Renewed laughter.) I must confess that if ever I do have to call in a doctor, I shall have a sneaking regard for homœopathy, for I have heard that the doses you give are very small and almost tasteless, and I am sure that will suit me to a T. (Loud laughter.) I hope that the few hours you have had in the town to-day will have given you the desire to stay for some few other days to see Hastings in its proper costume. To-day it is in a sort of mourning—it is most unusual, and we seem almost ashamed of it. (Laughter.) When you return home, as no doubt you will in some weeks' time, you will feel so revived, and in such good fettle, that if you have a patient—say one who is disagreeable and you want to get rid of—you will send him here at once. (Laughter.) We can offer some

splendid advantages. The town has the purest water which can be had in any town. The water from the new reservoir (which has been such an expense) has been declared by Dr. Dupré to be pure and of good quality. Then we have also some very pretty scenery surrounding the borough. I do not know whether you can find it elsewhere so near to the sea. You have only to take a sixpenny tramcar circular ride to see such scenery as could not be seen for forty or fifty miles in any other part of the country. If you want a view all you have to do is to go to the East or West Cliff, and in order that you shall not be tired or fatigued, or if you do not like hard work, then instead of climbing you can go by the lift—we have one on each hill. From the top you have a very pretty sight for miles around, and I hope that you will avail yourselves of the advantages; it will add to your satisfaction at having chosen the place. (Applause.) I am proud, during my Mayoralty, to have received a Congress of esteemed gentlemen like yourselves. There have been other meetings of learned bodies at Hastings during the year; I believe they had been pleased with the place, and I hope the same good impression will obtain with you. On behalf of the Council I thank you exceedingly for the kind way you received the toast. I trust your visit will be enjoyable to yourselves—I am sure it will be a satisfaction to the Borough. (Applause.)

Dr. Hawkes, of Ramsgate, next gave a song, "O Mistress Mine," which was admirably rendered.

Mr. Frank Shaw: I have already to-day had one very pleasurable task to perform, namely, to welcome the members of the Congress to Hastings. I do not know what I have done that so many good things should be thrust upon me, but I have again an equally pleasurable duty to perform, in proposing the health of, and welcoming "Our Guests." We have been particularly fortunate; Hastings has sent us its chief citizen to grace our board to-day. As I look around I see many laymen, who have done so much to help us in our medical work, both as regards our work in hospitals and dispensaries. I also wish particularly to welcome the many ladies who are here to-night. (Applause.) When the history of our movement comes to be written, as it will be some day, it will be then made known what a very large share the ladies have had in helping forward the cause we all have so much at heart. (Applause.) I do not simply allude to those who devote their life to the actual work of nursing of the sick, because we take it for granted that they will give their work, heart and soul, to help the cause; but I allude to the ladies who help us so largely in founding our hospitals, in supporting them, and helping us in committee work, and so on; and we

are particularly grateful to them for their presence here to-night. It requires a certain amount of courage to come to such a dinner, where we try first of all to kill them with kindness, and as if that was not sufficient, we then begin to suffocate them with smoke, and finally to bombard them with speeches. (Laughter.) I am requested to announce to members that we hope a large number will join us in an expedition to Battle Abbey to-morrow morning. The coach will be at this hotel door at 10 o'clock, and we hope many of you will avail yourselves of the opportunity of going to see that interesting ruin. (Applause.)

Mr. A. D. Snow, whose name was associated with the toast, said: Mr. President, Ladies and Gentlemen,—On behalf of the guests I desire to express thanks for the very cordial way in which you have received this toast, and to assure you we esteem very highly the privilege of meeting here so many members of so eminent a body, and so eminently useful and beneficent a body, as the British Homœopathic Congress. Something has been said to-night about the charming town in which we reside, but I think chief among the charms of St. Leonard's should be reckoned the fact that we have amongst us some first-class medical men practising homœopathy, very much I hope to their satisfaction, and certainly to the great satisfaction and advantage of the inhabitants of this place, of all classes. I have great pleasure in thanking you for the manner in which you have received the toast. (Applause).

Dr. Clifton Harris here performed another pianoforte solo, a transcription from Wagner's *Tannhäuser*, with much success.

Dr. E. J. Hawkes, J.P. (Ramsgate): Mr. President, Mr. Mayor, Ladies and Gentlemen,—When I was called upon to propose this toast, "The President, the Secretaries, and Treasurer," there occurred to my mind a story I read not very long ago, which connects itself with the secretaries (in a topsy-turvy sort of way) who have done so much good work, and helped to manage to-day's arrangements so well. It was about a man who went to consult a doctor, and he said: "You know, sir, I eats well, and I drinks well, and I sleeps well; but do you know sir, when I sees a bit of work I goes all over in a bath of perspiration." (Laughter.) I think none of the gentlemen who are coupled with this toast are of that character, nor of the character of that other man who was lounging about a building, and asked the foreman to take him on. The foreman replied, "No, I don't know that I can; I have more men now than I know what to do with." The response he received was: "Oh, do take me on; the little that I do won't make any difference." (Loud laughter.) No, these

gentlemen have been working like niggers for weeks past. There is one thing about it: when anything goes wrong there are three of them, and one can blame the other. If you make a complaint to one he says, "Oh, I have nothing to do with that, that is not my department, it is Jones's." You go to Jones, and he says: "You know that is nothing to do with me; it is Robinson you want to see." (Laughter.) So you never get satisfaction. (Renewed laughter.) As the hour is somewhat late, I will not extend my remarks. I am sure it is a pleasant duty that I have in asking you to give a hearty vote of thanks to the gentlemen who are associated with the toast. We enjoyed the President's paper very much this morning—he has given us plenty to take home to digest—it was a very meaty subject, and will take some time to digest. (Applause.)

The President: Ladies and Gentlemen,—I certainly feel at a loss when I come to talk about responding to the toast of my own health, and I am very much gratified to think that my speech will not be the last that you will hear. Personally I know this, that in a metaphorical sense the preparation of the annual address put me into something of a perspiration, so that the work from that point of view was something of the pattern of which Dr. Hawkes has been speaking; but rather in the opposite sense to what he suggested. If her ladyship will allow me, I will repeat what Lady Truscott said to me in confidence just now. She said she thought we were a very grave and serious body of medical men. (Hear, hear, and laughter.) I hope her ladyship will not think I have broken any confidence in telling you that. It is rather *apropos* of my own feeling; I certainly feel grave and serious when I try to deal with the general subject of homœopathy. The difficulty of such addresses is, according to my experience, to get them into language which shall be lucid and popular. Personally I look with great jealousy on surgeons when they go into the operating rooms. Everything seems to be got ready for them there, and to their satisfaction. Such is not the case with physicians, and with the officers of this Congress, or with the man who has to try to prepare an annual address. I have received much kindness—more than I can describe—from my friends and colleagues who have supported me in the humble efforts I have made in presiding over this Congress. I shall always remember it, and I am going to do something after this to try to help you to remember it also. I hope you will receive it in the spirit in which it is tendered—it will not be to-day or to-morrow, but in a few weeks hence.

The speeches have been commendably short to-night, but there is no need why you should hurry away just because the toast list is done. and we have time if anyone would like to

propose any other toast. I would like to join in the remarks which were made about our excellent secretary and treasurer, Dr. Madden. We could not do without Dr. Madden, because the money must be got in. The vice-president and secretaries also have been so busy in making things go easily and happily, that I feel my own thanks are due to them for the splendid arrangements they made for the Congress to-day. (Applause.)

Dr. Clowes Pritchard : Mr. President, Ladies and Gentlemen, —When our President tells us that the speeches have been commendably short, I dare not in the face of that make a long speech. I have been trying all day to think of what to say, and I am sure I have not made up my mind yet. There is one thing I think can be safely said for myself and my colleagues : we are very grateful for all the kind things said to-night. We will say we have tried to do our best. (Hear, hear.) Perhaps we have not done quite as much as we would like to have done. It is a very difficult thing when there are a great number to please. I believe in trying to please everyone if possible ; if not, to try and please as many as possible. I feel quite satisfied after all the nice things that have been said, that our endeavours have been appreciated. (Applause.) When I look around and see so many happy smiling faces, it forms a most cheerful contrast to one's daily work. We are not in the habit of seeing so many people looking as well, and when we are confronted by so great a number at one time, our knees begin to tremble and our lips get very dry! (at least mine do). (Laughter). It has been a great pleasure to me to hear so many pretty things said to-night about our lovely little town. I am glad a large number of our colleagues back this opinion up by sending a goodly number of patients down to enjoy it. I cannot say I have been quite so successful as some of my colleagues in getting patients well so quickly. Once or twice I have had to work very hard to pull them round. Still, I must not grumble even at that ; it has meant more visits, and when six months had elapsed I have perhaps been the gainer. (Laughter and applause.) I thank you very much on behalf of my colleagues and myself, for the very kind way in which you have received the toast, and also for the many words of encouragement we have received. (Applause.)

Dr. Madden : Mr. President,—I had not the remotest idea my services were so valuable. I have now, I think, for twenty-eight years acted in this capacity as treasurer, and it gives me very little trouble. You kindly give me a few pounds to take care of from year to year, and it is a very great pleasure to me that my name should be associated with the circular calling the Congress together annually, especially as the fact of holding this light office makes it essential that I should

attend ; otherwise there might be attractions elsewhere. I am only too glad that I came here. I have had a very pleasant day, a very useful day ; I have learned something useful to myself, and which I hope will prove useful to my patients. (Applause.) I hope we shall continue to have Congresses, not smaller than this, but even larger, and then we can go further afield. I hope we shall meet together in London next year possibly twice as many of us—and also that many of us may meet in the States in September next year. (Applause.)

Dr. Dyce Brown : The President said we might add another toast to the list, and I think you will agree with me that one of the chief pleasures of this Congress was the reception given by Sir George and Lady Truscott last night. There we had pleasure and gratification and brightness which we should not have otherwise experienced. I think all those who were present must have enjoyed the evening very much, and I beg to propose the health of Sir George and Lady Truscott, and tender many thanks for their kindness in giving the reception last night. (Applause.)

Sir George Truscott : You, Dr. Dyce Brown, have certainly taken me by surprise this time. I had not the slightest idea what you were going to do when you rose. But I do thank you most sincerely on behalf of my wife for your kind compliment. Directly she heard that this Homœopathic Congress was to take place at St. Leonard's, she said she would arrange to be in residence at the time, and she hoped the Congress would honour her by attending some little function at her house. You came, and you gave her much pleasure, and we thank you for your appreciation of the little we did. (Applause.)

Dr. A. C. Clifton, on being called upon, next proposed the toast of "The Ladies." In the course of a playful speech he said he had had honours thrust upon him upon so many occasions that he was always delighted to respond. When he was in America twenty-eight years ago, he went to dinners five nights running, and every time he had to respond to a toast, or sing a song. (Laughter). He could say that there was not a single member of the homœopathic body who had more friends than he had. He had known nearly every man in the profession practising homœopathy for the last fifty years, and out of the number there were only two he did not get on with, and that was simply because he would not "cotton" to them. (Laughter.) One reason he had so many friends was because he always remembered these lines : "If you have a friend worth loving, love him, and let him know you love him, ere life's autumn tinge his brow with sunset glow." (Applause.) Why should good things not be said of a man till he is dead ? (Hear,

hear.) It seemed to him that it was right and proper that they should say good things of one another. A little girl was once asked why it was that everyone loved her. "Because I love everyone," she replied. Let them love their brethren and tell them so; they knew if they did not hang together they would hang separately. (Laughter and applause.) He now begged to propose the health of the Ladies (Applause), who had always been his best friends, and the best friends of homœopathy.

The toast was honoured with due gallantry.

Dr. Nankivell: I have another toast, the toast of the senior members of the profession in this room. I do not know that I need mention them by name. Of one we would say, We are proud of him, and love him very much, and we are glad to see him here again. (Applause, and a voice, "The grand old man.")

Dr. A. C. Clifton:

"The harmony indeed is such,
We thank each other very much."

(Laughter).

The President then asked the company to drink to the health of those who had entertained them with music and song that evening. (Applause.)

Dr. E. J. Hawkes, J.P. expressed thanks on behalf of himself and Miss Whitborne. It had given them both very great pleasure to minister somewhat to the brightness of the evening, which they hoped they had done. (Applause.)

The evening thus concluded, and the members of Congress and the guests took their departure, every one agreeing that a charming evening had been spent together, and that the Congress of 1905 had been one of the most successful and enjoyable ones ever held.

Next morning, Saturday, the Vice-President, the Hon. Local Secretaries, and Dr. Chalmers of Bexhill, arranged to have a coach and four to go to Battle Abbey, with the kind permission of Mr. and Mrs. Grace. The coach was quite full, and all enjoyed the drive, and the sight of the most interesting and beautiful place thus visited. Mr. Frank Shaw was there personally, with Mrs. Shaw and Mrs. Clowes Pritchard, and took charge of the party. It was all done at the kind and generous expense of the officials named, and Dr. Chalmers, over and above their entertainment at lunch the day before, and their guests thanked them warmly for their kindness. Thus concluded the festivities of the Congress at St. Leonard's.

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Communications have been received from Drs. BLACK, NOBLE, and GOLDSBROUGH (London); Dr. ORD (Bournemouth); Mr. WILKINSON (Windsor); JOHN M. WYBORN, Esq., Messrs. KEENE & ASHWELL (London); Dr. W. P. SHEDD (New York); Dr. B. B. CHAKRAVARTI (Calcutta); BRITISH STERILOID Co., LTD. (Dublin).

BOOKS RECEIVED.

Homœopathic World, October. *Vaccination Inquirer*, October. *Monthly Musical Record*, September. *Indian Homœopathic Review*, August and September. *Calcutta Journal of Homœopathy*, September. *Homœopathic Envoy*, September and October. *New England Medical Gazette*, September. *Homœopathic Recorder*, September. *Clinique*, September. *Medical Brief*, October. *Chironian*, September. *North American Journal of Homœopathy*, October. *Medical Times* (New York), October. *St. Louis Medical Review*, October. *Pacific Coast Journal of Homœopathy*, September. *American Physician*, October. *Hahnemannian Monthly*, October. *Allgemeine Homœopathische Zeitung*, September 28 and October 12. *Homœopathische Monatsblätter*, October. *Homœopathisch Maandblad*, October. *Annaes de Medicina Homœopathica*, August. *Revue Homœopathique Française*, July, August, September. *L'Art Medical*, September. *Revista Homœopatica Catalana*, August.

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THE MONTHLY HOMŒOPATHIC REVIEW.

WHY ?

IN the *British Medical Journal* for October 7th there is an Editorial under the title of "The Therapeutic Value of Hydrochloric Acid in Diseases of the Stomach," which is very interesting in itself, but especially so to homœopaths. In order to give our readers the pleasure of taking it fully in, we reprint the article entire, instead of simply "boiling down" its contents.

The Editor begins thus : stating his case shortly and clearly :—

"The value of acids in the treatment of digestive disorders has long been recognized in this country—their use dates back certainly as far as the time of Cullen ; but the indications for their use, the rational grounds for their employment, and even the methods of administration, have never been determined with precision, so that we see one man giving nitric, another hydrochloric, and a third nitro-hydrochloric acid, while this man prescribes it to be taken before meals, and the other after meals, all agreeing only in their belief in the excellent results of the particular practice followed. After the discovery that hydrochloric acid was an important constituent of the gastric juice, its presence being essential to the action of the peptic ferment, it was naturally assumed that a satisfactory explanation

of its beneficial action had been found. Further investigation, however, showed not only that the quantity given in medicinal doses is far below that which would be required to make up the deficiency, but that its absence is not necessarily attended by those symptoms which its administration is held to remedy—in fact that individuals may enjoy all the comfort of a perfectly unconscious digestion without secreting a single drop of hydrochloric acid.”

Here are two facts. The first is the practical value, recognized universally in this country, of “acids in the treatment of digestive disorders,” and the second is the failure of any explanation of any “rational grounds for their employment.” The not unnatural theory of the administration of hydrochloric acid, or, as we call it, “acidum muriaticum,” to take the place of what hydrochloric acid is usually found present in the stomach, falls to the ground as untenable from all points of view.

He then proceeds as follows :—

“These discoveries led on the one hand to attempts to administer far larger quantities by giving repeated doses at short intervals after a meal (Ewald), and on the other to a shifting of the theoretical standpoint to the position that the acid acts only as a stomachic stimulant (Riegel), or a disinfectant (Linossier). In a recent article, Dr. Richard F. Chase* has reopened these questions, and has endeavoured by certain carefully-conducted clinical experiments to test the truth of the old answers or to supply new ones. The dilute hydrochloric acid of the *United States Pharmacopœia*, which contains 10 per cent of absolute acid, was that used in these experiments. In the first case, a woman aged thirty-four, who suffered from pain with a fasting stomach, relieved by eating, and from nausea, eructation, regurgitation, and vomiting, the result of an Ewald test breakfast, showed no free HCl, and only 0.4 per mille combined HCl, while the stomach reached $2\frac{1}{2}$ in. below the navel, and when fasting contained 30 cc. of food and mucus. In this case 15 minims of hydrochloric acid, repeated twice at intervals of fifteen minutes after meals, diminished the

**Boston Medical and Surgical Journal*, Vol. cliii, No. 2, p. 297.

secretion of hydrochloric acid by the stomach, but under its use the symptoms improved, and the case recovered. In a second case, a woman aged twenty-six, with similar but less marked symptoms, 20 drops of acid after each meal effected a cure after lavage and diet had failed. In a third case, that of a woman also aged twenty-six, with pain after meals, eructation, regurgitation, and nausea, but no vomiting, the stomach was normal in size and position, was empty when fasting, and an Ewald test breakfast showed no hydrochloric acid, either free or combined. Here administration of the acid did no good, but the patient underwent a surgical operation apparently for some pelvic disease, after which she reported herself as free from stomach trouble, although free hydrochloric acid was still absent. After the administration of repeated doses of hydrochloric acid at short intervals after a meal, the total acidity of the gastric contents was always increased and free HCl generally present, but was once absent. Slightly larger doses given after a meal containing meat gave the same result as to increased acidity, but free HCl was never present. Dr. Chase thinks these results are not surprising when we consider the quantity of acid required to make up the deficiency, which he estimates at 1 oz., whereas he at most gave 75 minims. He therefore concludes that 'the object attempted by large doses of acid is either not at all or only partially attained.'

"He lays stress on the decrease of the secretion of hydrochloric acid after the prolonged use of the acid in the first case, and although the result was less decided in the second case, he believes that the same effect was produced. He remarks that this depressing action of the acid is not generally recognized, and is opposed to the conclusions of Reichmann and Mintz, although he considers the observations too limited to justify the deductions to be drawn from them. Du Mesnil's observations to the same effect are also discredited, Riegel's statement that 'the results do not exceed the normal fluctuations of gastric acidity' being quoted with approval. Reed's work comes in for even sharper criticism, his recommendation of 'HCl, five to thirty drops combined usually with pepsin,' provoking the comment that 'the use of pepsin combined with HCl has for some time been abandoned by most men familiar with gastric

therapeutics. Its inutility is so well recognized by practically all who are acquainted with the subject, that its discussion seems entirely uncalled for,' a criticism with which, in its general sense, we agree. At the same time we are not quite sure that Dr. Chase's cases afford conclusive evidence of the diminution of the secretion of hydrochloric acid where it is administered by the mouth. He quotes Jaworsky as also having observed depression of the secretion after prolonged use of the acid, but neither he nor Dr. Chase can claim to have originated the idea, which was many years ago formulated in the dogma, 'Acids check acid secretions,' though with what truth we know not. The admitted fluctuations observed normally in the quantity of acid present in gastric contents obtained for examination by means of test meals, and the recognized untrustworthiness of these estimations, render a suspension of judgment advisable.

"Dr. Chase found that peptic digestion was accelerated by the use of HCl, in which he is in harmony with general opinion, but we are unable to follow his statements very clearly, as he gives no details of his experiments, and the times mentioned—twenty-four hours, for example, without acid, and eighteen hours when it was used—seem abnormally long. Even this conclusion is not left quite free from doubt, as in four tests the acid appeared to retard digestion—a result of which he is unable to offer any explanation. His experiments throw no light on the alleged antiseptic action of the acid or its effect on gastric peristalsis. He thinks they show that it is questionable if the use of acid ever improves any function of the stomach, and afford some evidence that it may be harmful. He believes the good results obtained depend upon the fact that most of the cases in which it is employed are of nervous origin; but he adds somewhat inconsistently: 'It is generally conceded that the use of the acid is not indicated in such cases.' Yet we may be permitted to say that in our experience a combination of hydrochloric acid with strychnine or nux vomica is the most generally useful remedy in the common cases of nervous dyspepsia among women, with which out-patient departments in this country are overcrowded.

"We are grateful to Dr. Chase for trying to solve in a

rational manner clinical questions of considerable interest, but we should like him to extend his researches and to carry them out in a greater number of cases before asking us to accept all his conclusions."

Here it will be noticed that large doses, and the doses given are unnecessarily, or, we might say, injuriously large, cause often actual diminution of hydrochloric acid in the stomach, so much so that Dr. CHASE "concludes that 'the object attempted by large doses of acid is either not at all or only partially attained,'" and "he lays stress on the decrease of the secretion of hydrochloric acid after the prolonged use of the acid," while "acids check acid secretions." And, in fact, the Editor of the *British Medical Journal* admits that while the practical curative result is generally recognized, we know nothing of its method of cure, according to any theory which he gives, and which others who are non-homœopaths give.

It never seems to occur to Dr. CHASE or to the Editor of the *B.M.J.* that there is still another explanation of the beneficial and curative action of hydrochloric acid, or if it does occur to either of them, it is not a piece of good tactics to say so. Here is a medicine which in large, or too continued doses, causes marked irritation, going on to actual inflammation of the stomach, and yet in small or medicinal doses it has a very distinct curative effect in cases of actual stomach irritation, causing various symptoms, but all indicative of existing gastric irritation or inflammatory catarrh of the organ. In fact, the use of this medicine in such complaints is a clear piece of homœopathy, the actual curative results of its administration in small doses being universally acknowledged, "in this country" at least.

Let us look at the provings from Allen's *Encyclopædia of Pure Materia Medica*. We do not quote them verbatim, for want of space, but anyone can read them in detail in the work specified. There is loss of appetite, aversion to food, much thirst, eructations, nausea, retching and vomiting of food, and of coffee-ground matter. Pain in hypochondrium, inflammation in the alimentary canal, sensitive tenderness in epigastrium, with heat, burning, and fulness in stomach, and flatulence. Similar irritation is felt in the abdomen, with griping pain, rumbling and much

flatus, or cutting pain, prolapse of the rectum, hæmorrhoids, with burning and itching in the rectum, and diarrhœa. The tongue is coated, the mouth and throat are inflamed, and sore.

RINGER in his well-known *Handbook of Therapeutics*, remarks on the frequent diminution of hydrochloric acid when given injudiciously, and says, "if their administration is long continued they excite a catarrhal inflammation of the mucous coat of the stomach and intestines, accompanied often by diarrhœa, and even general wasting." And again, "For the subtle influence of even small doses on distant organs of the body is well exemplified by the influence of these medicines on the mother's milk; for after taking acids for some time, they induce sickness, diarrhœa, and colicky pains in the child."

This quotation from Dr. RINGER bears out the provings given in *Allen's Encyclopædia*, and shows most conclusively that hydrochloric acid given in a condition of stomach similar to that produced by it in the healthy body, is unmistakably homœopathic in its action. Of course, Dr. RINGER is well aware of this, though he gives no hint of the real source of his knowledge, and no doubt the Editor of the *B.M.J.* is also, though it does not suit him to say so. He therefore leaves the question unexplained, simply pointing out what the explanation is *not*, though admitting freely the fact of the value of the medicine in treatment.

So it is in the old school with all remedies that act homœopathically. Their value is admitted in curative procedure, and they are largely made use of. All sorts of theories of their action but the true one are brought forward, and all are found to be untenable. There is only one tenable view, and that is the homœopathic relation of remedy and disease. The action of muriatic, or hydrochloric acid as a valuable remedy in diseases which are similar to what is produced in the healthy body by large doses, is only what we look for and expect, while in the old school no explanation which is at all satisfactory of its curative action can be adduced. It is, in fact, contra-indicated in theory, though in practice found successful. When will the old school cease to ignore the law of similars, and openly and fearlessly state that the action is homœopathic, and can be explained in no other way?

THE TREATMENT OF ACUTE RHEUMATISM.

IN our February issue, we had a leading article on "Homœopathy in Acute Rheumatism," calling attention to an extremely interesting and valuable paper by DR. F. A. WATKINS, the Pathologist to the London Homœopathic Hospital, read before the British Homœopathic Society, and published in the July, 1904, number of the *Journal* of the Society. In this paper it was pointed out that the fashionable old-school treatment of acute rheumatism by the salicylates was successful, so far as quickly relieving pain and reducing the temperature were concerned, but that under it relapses were numerous, and the heart frequently and permanently injured, while other complications, not belonging at all to the disease, frequently occurred. Under homœopathic treatment, again, none of these complications occurred; relapses were much more infrequent, and the heart mischief was much rarer. We therefore argued that it was much better for the patient to have the pain and elevated temperature for a longer period; since in the end he recovered more steadily, and without liability to relapse, and still more with far less risk of permanent invalidism from heart mischief. We then took occasion to remark that many physicians of the old school were by no means enamoured of the salicylate treatment, owing to these very serious drawbacks to the use of the remedy.

As having an interesting and direct bearing on DR. WATKINS' paper, and our remarks thereon, we quote from a paper in the *British Medical Journal* of October 7th by DR. F. J. POYNTON, Assistant Physician University College Hospital, and to the Hospital for Sick Children, Great Ormond Street, on "Combined Aortic and Mitral Disease in Rheumatic Children."

DR. POYNTON gave the results of a series of cases of 21 children. He says:—

"When these 21 cases of mine are reviewed (it must be remembered they are children of the poor), it is found that already 10 are dead. I have lost sight of 4, but of these I feel sure one is dead. This leaves 7. One is now 14, and can go to school, and keeps in fair health, though he is very pale and easily gets short of breath. Another has reached the age of 13, but has lately had a fourth attack of

rheumatism, and the aortic lesion in his case has made him so nervous that he has not been able to attend school.

"One, a girl aged 6, has lost the aortic murmur, but the mitral lesion is so severe that her development is much interfered with. One, a boy of 10, probably cannot live another six months. Two are only recovering now from the severe attack of rheumatism that damaged their hearts, and we can have no feeling of confidence that another attack may not follow in the course of a year or two.

"It is a very melancholy list, and brings home to us clearly that the great hope in treatment lies in the prevention of rheumatism. This prevention of acute rheumatism is a big problem, full of difficulties, but with great possibilities. It is a disease apparently much more common among the poor than the rich, which in itself suggests that prevention is feasible to some degree. On the other hand, it is difficult to determine whether it is possible to prevent rheumatic fever attacking a rheumatic child, who has already suffered from it severely.

"I cannot bring myself to believe that any remedies have a direct action in preventing severe cardiac rheumatism, or in arresting its progress; salicylates, blisters, iodides, quinine, etc., seem to me powerless to cope with it, and I have seen them all tried in different ways, and by different physicians. A great deal can be done by rest, and drugs which tend to improve the child's strength, but such recovery as occurs seems to me to depend rather upon the antidotal juices of the child than upon any particular drugs.

"You will not mistake my meaning. I readily admit that a mild attack of cardiac rheumatism with acute dilatation will get well with skilful treatment; but the cure appears to be quite a natural process, for if the same methods are used for a severe case, there seems to be no specific result which is to be accredited to the drugs. I am of opinion that the many drugs in use for the treatment of virulent rheumatism in childhood are no more specific than the drugs that are used in the treatment of acute tuberculosis, and no more effectual. There is much to be done for a child with valvular disease, much that will help him. Yet it is at the best but a treatment of the third order of merit; for if the first is prevention, and the second cure, this is but palliative."

Here, then, we have a statement from a physician of experience in acute rheumatism in children, bearing out the remarks we made as to the treatment by salicylates not being found of any real benefit in preventing or curing heart mischief. Truly, as Dr. POYNTON says, "It is a very melancholy list," and amply justifies Dr. WATKINS' and our conclusions that it is merely palliative, or worse, to give the salicylates : as though the patient is eased of pain more quickly by its means, the subsequent results are disastrous in the extreme.

In the same number of the *British Medical Journal*, there appears an interesting paper on "Strain as a Factor in Cardio-Aortic Lesions," by Dr. H. B. ANDERSON, Associate Professor of Clinical Medicine, University of Toronto, in which the following passage occurs :—

"In rheumatism the use of the salicylates also possesses elements of danger. The pain attending this disease to some extent is conservative in its action, by enforcing bodily rest. The salicylates, themselves depressing to the cardio-vascular system, relieve the pain, without preventing or ameliorating the myocardial mischief. This enables the patient to get about at an earlier period than would otherwise be possible, with consequent danger to the weakened heart, before sufficient time has elapsed for myocardial repair."

The importance of such a statement, and the source from which it comes, is great. In two consecutive papers in the same journal, we find the use of salicylates decried, and the danger arising therefrom, as well as their real uselessness, pointed out in a very decisive manner. So decisive is it that we cannot forbear drawing attention to it. The temptation to quickly relieve the pain of acute rheumatism is so great, that some homœopaths are persuaded into this grave mistake, and their patients suffer permanently in consequence. We cannot too strongly point out what risks those physicians run who yield to this temptation. There is some excuse for old-school physicians to give the salicylates, as they have nothing else to rely upon, and they give relief from pain quickly ; but there is no excuse for homœopaths to do so, when they have other remedies which, though not relieving

pain so quickly, yet bring it down, and the temperature also, by degrees, and without complications which are incidental not to the disease but to the drug alone. And it only strengthens the faith of homœopaths to find men of experience, observation, and judgment, in the old school, speaking deprecatingly and slightly of the real or essential value of the salicylates, which are fraught with so much present and prospective danger. These statements appearing from time to time in print are of real importance, as discounting the statements of others who give the salicylates as a matter of pure routine, who pride themselves on being able quickly to relieve pain, and either ignore the future, or do not take the trouble to record their experience, as they have nothing better to substitute for them in the way of drugs. Fashion in old-school medicine is everything, and the sooner the fashion is seen to be dangerous the better for all concerned.

A NATIONAL SOCIETY FOR CLINICAL RESEARCH.

OUR readers will remember that in our issue for July, we published a letter from DR. CONRAD WESSELHOEFT, of Cambridge, Mass., U.S.A., Chairman of the Committee of Hospital Statistics of the American Institute of Homœopathy; and also an appeal from him and the Committee on the value and importance of collective investigation on homœopathic questions, and desiring concurrence and conjoint working on the part of British homœopaths in this scheme. Our article was entitled "The American Institute of Homœopathy and Collective Investigation," and will be found at p. 389.

We have just received another important letter from DR. WESSELHOEFT, along with "A Preliminary Report of the Committee on the Formation of A NATIONAL SOCIETY FOR CLINICAL RESEARCH." Dr. Wesselhoeft's letter is so important, and explanatory of the entire scheme and of the Report, that we have much pleasure in inserting both the letter and the Report.

CAMBRIDGE, MASS., U.S.A.,

Nov. 2nd, 1905.

DEAR DOCTOR,—On my return from Europe I found your card and the number of the REVIEW containing

the appeal of the Committee of the American Institute having in hand the formation of a National Society for Clinical Research. Since you were good enough to introduce the matter with some forcible remarks of your own, showing an interest in the subject, I am encouraged to ask for further favours, and now send you enclosed the Preliminary Report of the Committee with the request for publication in the *Review*. The Committee and no small number of our colleagues outside are impressed with the need of keeping the question of minute and exact clinical research *for therapeutic purposes* before the profession, despite the fact that our Report was treated with scant consideration by the Institute last June in Chicago. It was crowded into the concluding session of the meeting, when no proper discussion could take place, and may have deserved no better treatment, since it pretended to no higher status than that of a mere preliminary report. But certain it is that on these great occasions many matters of great practical and scientific interest are deprived of a hearing by endless discussions on purely business and parliamentary points. We are in no wise discouraged, however, as from the outset we have fully realized the magnitude of the obstacles in our way. Public opinion in our branch of the profession must be aroused and brought to bear on the subject, and to this end we feel that the *Review* can lend most effective aid.

In passing, I may say that already a local branch of what we hope may soon be a National Society for Clinical Research has been formed by the staff of the Massachusetts Homœopathic Hospital. It would give us great encouragement if the staff of the London Homœopathic Hospital could constitute itself as a similar local organization. So far the peculiarities of our hospital government and management preclude the possibility of conducting our enquiries as in the end we hope to see them carried on. We are alive, however, and ready to begin our work as soon as we are liberated from the limitations still standing in our way.

Our Committee has communicated with many of our foremost practitioners, and is in receipt of many favours and responses. We purpose to persevere in our efforts, and to bring before the International Homœopathic Congress,

to meet next September on this side of the water, a full and practicable report on the methods and aims of the work. Meanwhile, we again appeal to our British colleagues to give the subject their best thought, and to come to the Congress prepared to discuss it as earnestly as a serious effort to raise pharmaco-therapy to a scientific plane deserves to be discussed.

With your permission I hope to send from time to time reports of such progress as we are making, with the request that they be published in the *Review*.

My late European trip was confined to a visit to Bad Nauheim, with a course of the treatment there, of which I can speak most favourably. I regret very much not having been able to stop over in England, where it would have been a great pleasure to look you up and talk over homœopathic matters.

Fraternally yours,

WALTER WESSELHOEFT.

PRELIMINARY REPORT OF THE COMMITTEE ON THE
FORMATION OF A NATIONAL SOCIETY FOR CLINICAL
RESEARCH.

Your Committee beg to offer the following considerations as a preliminary report on the work placed in their hands.

They find on reviewing the ground and preparing to lay down a course of action with acceptable rules for accurate research, that while every circumstance in the history of medicine, and all conditions surrounding the present status of therapeutics, homœopathic and other, most urgently call for united effort in carefully organized investigation, the difficulties in the way of accomplishing this remain too formidable to be overcome without the aid and consensus of opinion of the Institute at large.

The object of your Committee is to establish in the hospitals reporting annually to this Institute a method of research in conformity at once with the principles of homœopathy, and those more general ones recognized to-day as governing scientific enquiry for the discovery or elucidation of biological facts and laws.

To the accomplishment of this object two obstacles present themselves in the outset :—

1st. The differences of opinion and experience so constantly and forcibly expressed in the Institute regarding the principles of homœopathy, their nature and limitations; and

2nd. The organization of our hospitals.

On the subject of the first of these points your committee ask for the fullest discussion, and an agreement on the question of the advisability and feasibility of conducting side by side, in the same hospitals, two methods recognized by the Institute: that indicated in a general way by the first, the other in the last edition of the "Organon," the two methods to be supplemented for purposes of comparison by a third, that of expectative treatment rigorously carried out.

These points once determined, agreement must be reached in regard to the identity in all three courses of the details of diagnosis for purposes of classification and recording of cases, and of general management. Obviously complete correspondence and harmony must exist in all matters not pertaining directly to the indications for medicines and the preparations used.

The second obstacle to an early and fruitful series of observations, that of the organization of our hospitals, will be seen to lie much less in differences of opinion, indifference, or unwillingness, than in lack of means. So far as your Committee are aware, our hospitals are conducted on the principle of voluntary and alternate service, with the frequent changes of observers necessitating, in too many instances, the interruption of treatment in cases both acute and chronic. For purposes of prolonged observation and accurate record this is an evil much enhanced by the difficulty of devoting to every case the needful time and attention to detail on the part of the busy practitioner. In the greater number of our larger institutions, at least, the duties of case-taking and the recording of progress falls too much into the hands of internes, and other less experienced officers, whose frequent rotation from medical to surgical and specialist work causes confusion and lack of that continuity of work so essential to the best results.

In the absence, therefore, of hospital physicians commanding the means and leisure to pursue uninterruptedly through periods sufficiently long a series of observations for the

determination of the effects of treatment, the selection and appointment is called for of men whose sole function it should be to exercise control over the taking of cases, the correctness of diagnosis, and the recording of changes in the course and conditions of pathological processes. Such officers should not only be qualified by experience and attainments for this exacting work, and by willingness to carry it on in that scientific spirit which alone can ensure the desired end; they should also be so placed as to be able to devote to it their entire time and best energies.

Your Committee leave to the Institute the question whether such appointments are within the range of present possibilities, or whether by certain modifications in their methods the hospital organizations now existing may be made to produce results of research and record differing materially from those annually reported. The crying need to-day is still that of a radical reform, not alone in therapeutic methods and means, but of therapeutic thought and aim. This was the fundamental motive and ultimate purpose of Hahnemann, and remains the reason for the existence of this Institute, as of every association of physicians organized for the furtherance of the principles of Homœopathy.

In the 47th paragraph of the "Organon" Hahnemann declares with a comprehensive clearness and scientific precision approached by no other writer, ancient or modern, on medical subjects, that "the rational conception of therapeutics lies, if anywhere, pre-eminently in the suppression of all preconceptions, whether derived from medical systems or other sources; in never acting, if possible, without reasons; never, if possible, neglecting any reasons presenting themselves for acting with a definite object, and in holding fast in the fullest measure possible to that which is discernable in the things to be dealt with." Stated in more modern language this means that in a rational course of therapeutic enquiry all conjectures and assumptions are to be discarded; that all treatment is to be conducted on sound indications; that these be actual pathological conditions manifesting themselves by all their symptoms or observable phenomena; and that no circumstances influencing the course of disease be overlooked or neglected.

Plainer rules for reaching greater therapeutic certainty,

or rules more in conformity with modern scientific conceptions, are hardly conceivable. They should underlie all efforts in the direction of clinical research, since from the point of view of Homœopathy this can have no other aim than more perfect therapeutic knowledge. That this knowledge is not to be gained by the means and methods alone of Hahnemann's day, by the modern ones of the laboratory and the technique of the diagnostician, or by waiting for the slow accretions of experience out of unsystematized empiricism, is abundantly proved by the medical history of the past century. United in one well-matured system of research, faithfully conducted through periods sufficiently long, they cannot fail to yield results of an abiding character.

To initiate such a system, therefore, your Committee propose that the Institute use its influence to select for accurate therapeutic investigation one or more of the hospitals reporting to it annually. Or, still better, that it bring about among all the hospitals recognizing its authority an agreement so to organize their various staffs as to conduct clinical research on unimpeachable methods, and furnish records of their work of a character to afford the means of forming judgments founded on demonstrable results.

The essentials for such unimpeachable methods appear to be two-fold, though closely related.

The *first* is the utmost care and circumspection for the elimination of avoidable errors.

The *second*, to distinguish between cure and recovery.

The first end will be gained by due consideration of all outward and adventitious circumstances bearing upon the course of individual cases ; by recognizing the need of accurate diagnosis, established, where possible or practicable, by laboratory tests and all other recognized means and methods of determining the actual condition of the pathological process or states.

The second, by the most minute observation and record of all changes in function, sensation, and outward appearance occurring before, during, and after the exhibition of remedies.

Since the aim must be not only to distinguish between cure and recovery, but also to determine in the fullest measure the immediate and remote influence exerted both

on special conditions and the course of disease by treatment—or, in expectative enquiry, by the unaided course of self-limitation and the *vis medicatrix*—such observation must of necessity be of the most accurate character and the records full and exact. Means for comparison are indispensable, difficult and unpopular as they may appear.

The indications for remedies should be plainly stated.

All medicines must be of unquestionable purity.

The preparation, dose, time, and circumstances of administration invariably given.

The diet, nursing, outward conditions, and changes attributable to favourable or unfavourable surroundings noted and recorded with exactness.

In order to ensure harmony of action and correspondence of results, your Committee further recommend the appointment by the institute of a Board of Supervisors, to be chosen from among the most experienced practitioners unattached to hospitals, to oversee the progress of the work, to scrutinize the records, to act as an advisory board, exercise general control, and make annual reports on the work performed and the results obtained.

Inasmuch as the course here proposed in outline may be considered in the light of a new departure in clinical research for comparative therapeutics, entailing a degree of accuracy in the detail of observation and recording not hitherto deemed practicable, the methods and aims of such organization, or organizations, entrusted with the work must present, at first, many imperfections. The most that can be hoped for in the outset is the training of skilled observers among younger men. "Life is short; Art is long; opportunity fleeting; experiment precarious; judgment difficult." This first aphorism of Hippocrates remains to-day as true and impressive as it was twenty-four centuries ago.

Your Committee therefore ask to be continued, with power to add to their number, more especially from among those members of the Institute holding hospital appointments.

At the same time they renew their request for full and free discussion concerning the need and practicability of the work proposed.

Respectfully submitted.

WALTER WESSELHOEFT; H. C. ALLEN; W. B. HINSDALE;
OLIVER S. HAINES; C. E. TENNANT.

This letter and report need no comment from us. They speak for themselves, and we trust that the British Homœopathic Society, the Homœopathic Association, and all connected with the Homœopathic Hospitals throughout the Empire will see their way to take action in this matter at once, and co-operate with our American colleagues. The names at the end of the report are sufficient to show how widely the subject is taken up in America, and how great is the interest displayed in this very important scheme.

ON PHOSPHATURIA AND OXALURIA.*

By DUDLEY WRIGHT, F.R.C.S.

Surgeon to the London Homœopathic Hospital.

THE importance of oxaluria and phosphaturia chiefly arises from two sets of circumstances: first, the immediate effect upon the patient of the excretion of the salts; second, the ulterior effects brought about by a train of circumstances which eventually lead to the formation of calculus in the urinary tract.

As regards the first, the immediate effects are twofold, viz., the irritation of the urinary apparatus, which is of course a familiar subject to all; and also certain accompanying symptoms, partly mental and partly physical, which the older writers were in the habit of classing as the symptoms of the phosphatic and oxalic acid diathesis respectively.

Whether the older observers were quite right in their interpretation of the facts which came under their notice, we need not closely consider at the present moment. It remains, however, that the excretion of these chemical bodies in the solid form is a departure from health which is liable to be of serious moment to the patient, and we would do well, therefore, to aim at its prevention.

Our powers in this direction must be to a certain extent limited by our knowledge of the factors which play the leading part in begetting this pathological state, and it is to this point of the matter that I shall chiefly address myself in opening this discussion.

* Being the opening address of a discussion on the subject at the meeting of the Western Counties Therapeutical Society in July, 1905.

I.—OXALIC ACID.

This acid is found in many of our food stuffs, notably tea, rhubarb, spinach, tomatoes, and cocoa. When these foods are taken in quantities, the oxalic acid will appear in the urine as crystals of oxalate of lime.

Cases of oxaluria brought about by the ingestion of such articles of diet are easily cured by refraining from the offending agents.

It is, however, those in whom no such cause can be shown to exist that a difficulty is likely to arise.

Much light is shed on these by the researches of Dr. Helen Baldwin.

This experimenter fed dogs on meat combined with excessive quantities of glucose. A condition of mucous gastritis with fermentation, both gastric and intestinal, was engendered, associated with an absence of HCl excretion. Accompanying this was marked oxaluria.

Mayer gave 40 grs. of grape sugar to a rabbit, and found in its urine an excess of oxalic acid.

It is obvious from the above that glucose may give rise to oxalic acid as a fermentation product, and it is important to note in this connection that carbohydrates pass into the portal vein in the form of glucose, and that this undergoes oxidation into glycuronic acid, which again in the liver is oxidized into oxalic acid. This again can probably be oxidized further when in the blood stream into simpler products, and I mention this as another instance of the vast importance of perfect oxidation processes as a means of blood purification.

A point to which I shall have occasion to refer in speaking of phosphaturia, is that oxalic acid is normally held in solution by acid sodium phosphate.

The following are the conclusions regarding oxaluria which Dr. Helen Baldwin has come to as a result of her experimental work.

1. As varying amounts of calcium oxalate may be held in solution in the urine, conclusions based upon the presence or number of calcium crystals found therein are of no real value as an indication of the quantity of oxalic acid present.

2. An ordinary mixed diet regularly contains traces of oxalic acid and its salts.

3. A portion of the oxalic acid ingested with the food may be absorbed and reappear in the urine.

4. The normal daily excretion of oxalic acid in the urine fluctuates with the amount taken in food.

5. In health no oxalic acid, or only a trace, is formed in the body, but that present in the urine has been ingested with the food.

6. In certain clinical disturbances which are associated with the absence of free hydrochloric acid from the gastric juice, oxalic acid is formed in the organism.

7. This formation in the organism is connected with fermentative activity in the alimentary canal.

The prolonged feeding of dogs with excessive quantities of glucose, together with meat, leads eventually to a state of oxaluria. This experimental oxaluria is associated with a mucous gastritis, and with absence of hydrochloric acid in the gastric contents. The oxaluria and accompanying gastritis are referable to fermentation induced by excessive feeding with sugar, and this fermentation is associated with the formation of oxalic acid in the gastric contents.

8. The symptoms attributed to an oxalic acid diathesis, with the exception of those due to local irritation in the genito-urinary tract, do not appear to be due to the presence in the system of soluble oxalates, but are more likely to depend on other products of fermentation and putrefaction.

These conclusions throw some light upon those cases of melancholia associated with oxaluria, in which so much benefit accrues from large doses of nitro-hydrochloric acid.

It is probable that the acid acts by preventing fermentation in the alimentary canal, and aids the gastric juice in dealing properly with the food, by acting as a substitute for the absent hydrochloric acid.

II.—PHOSPHATES.

It was Dr. Prout who promulgated the theory of the phosphatic diathesis. The constant passage of phosphates in the urine he associated with a peculiar condition of ill-health accompanied by much nervous exhaustion, and he brought forward cases in support of his view. Sir William

Roberts was his chief opponent, and in summing up his judgment on the subject says, "The phosphatic diathesis of Prout is simply ammoniacal urine."

It is probable that Roberts erred as much in one direction as Prout did in the other.

The following are facts which we cannot gainsay:—

1. There are certain patients who for years together, but with variation in quantity, pass phosphates as a white sandy deposit in the urine, which is usually alkaline.

2. Those who pass this white sand appear to be in good health, or are only liable to dyspepsia, much as those who pass uric acid; and in some the deposit can be produced almost at will by indulgence in wines or articles of food, just as that of uric acid can be in others. Dr. Prout probably laid too much stress on nervous exhaustion as an accompaniment of his phosphatic diathesis, and hence misled subsequent investigators, who have easily proved that excessive wear of the nervous system is by no means always attended by increase of excretion of phosphates.

I need scarcely remind you that the phosphoric acid in the urine is partly derived from the earthy and alkaline phosphates of the food, and is partly a decomposition product of nuclein and lecithin. About one-third to one quarter of the phosphoric acid taken in the food is excreted by the intestine. The amount of phosphates from the nervous system furnishes a very limited quantity of those passed in the urine.

The alkaline phosphates are never precipitated in the urine, not even by the addition of ammonia or alkalies. *So they may be present in excess and yet be invisible.* Calcium phosphate, on the other hand, being insoluble in water alone, requires for its solution weak acids, e.g., CO_2 , acetic acid, and acid salts. In alkaline urine it will therefore be precipitated.

If the deposit of earthy phosphate is due to the presence of a fixed alkali, it is probable that the patient is debilitated or dyspeptic. *The fixed alkali* is usually carbonate of soda or potash, and its presence, according to Ralfe, may arise from three different causes: First, general debility and feebleness of the respiratory process, leading to the accumulation of CO_2 in the system, such as occurs in convalescents from acute diseases; second, lessened

secretion of bile, leading to a retention of alkaline salts in the blood, and consequently their increased elimination in the urine; thirdly, the acids formed by fermentation changes in the intestine or stomach. These belong to the fatty acid series, and on entering the system are oxidized into CO_2 , which unites with the bases of the alkaline oxides to form carbonates. These increase the alkalinity of the blood, and eventually lessen the urine acidity and lead to a deposit of the earthy phosphates.

This last form of alkaline urine is usually met with in debilitated subjects and those suffering from flatulent dyspepsia, especially that affecting the small intestine. It is associated with fairly distinct features, such as loss of weight, weariness, irregularity of the bowels, flatulence, frequent micturition, more or less sallowness of the complexion, sometimes great despondency, urine alkaline or else neutral, or even faintly acid, depositing phosphates on boiling and effervescing and the addition of dilute acids.

We have reviewed, then, the conditions which may lead to the deposit of phosphates and also the appearance of abnormal quantities of oxalate of lime in the urine, and we have seen that the two leading predisposing causes are imperfect oxidation and fermentation changes in the gastro-intestinal tract. With regard to the latter, there can be no doubt that the carbohydrates are the food stuffs most responsible for the trouble, probably the sugars more than starches, though the latter are not to be neglected.

It is by attending to the diet that so much can be done in such cases, and in addition to this, deep-breathing exercises, and other measures, such as vapour or light baths, promoting oxidative changes, will be called for in the majority of cases. Indeed, it is probable that the latter alone may suffice in many cases where no obvious error in diet occurs.

The administration of small doses of HCl after meals will often help the oxaluria cases, and in both these and the phosphate cases the daily taking of 20 grs. or more of acid sodium phosphate, by rendering the urine more acid, will enable the harmful ingredients to be held in solution and thus pass off without doing harm to the urinary tract, or tending to form the nucleus of a concretion.

I have purposely refrained from all reference to treatment by homœopathic remedies, not for the reason that I think they have no part in the treatment of these conditions, but because that side of the subject may be better developed in the discussion following this paper.

CASE OF ACUTE HÆMORRHAGIC PANCREATITIS.

By HAROLD V. MUNSTER, M.D., C.M.

THE following case of pancreatic disease may serve as a reminder to the readers of the MONTHLY HOMŒOPATHIC REVIEW of the class of ills that important organ is subject to, and may possibly serve to keep them on the outlook, and thus help them to a diagnosis when called in to obscure abdominal cases. I am told that at one of the large London Hospitals, out of five recent cases of a similar kind to the one about to be described, only one was diagnosed antemortem, so closely does the disease in question simulate gastric or intestinal perforation. The case is as follows:—

George Alfred L., shoemaker, æt. 54, a thick-set, hearty looking man, short and rather stout. He had a wife and large family, and had always been in struggling circumstances. He was a steady, hard-working man.

The *family history* is of an ordinary kind. Patient's father was over 70 when he died, his only complaint being "rheumatic gout." His mother died of phthisis, aged about 50. Of his four brothers, the oldest is said to have died of some accident. The other three remain alive and well, of whom one is older and two younger than the patient. One sister, older than the patient, is living and well, and one who was younger died of some unknown cause.

The *previous history* of patient was in the main good. He had a long illness some fifteen years ago, said to be "Inflammation of the lungs and pleurisy," which was followed by an empyema. This was operated upon, and a deep scar remained, marking the site of the operation on the left side in the infra-axillary region. He was always an active and rather excitable man. Bearing a little more closely upon his last illness is a history of attacks of acute pain in the abdomen, occurring as often as five or six times during the last three years. The first of these was pretty

bad apparently, as medical aid was called in, and patient was told by the doctor that his bowels were just on the verge of inflammation. The subsequent attacks were got over without medical advice.

The first indication of the approach of the *present attack* was some pain in the abdomen on Sunday afternoon, the 29th Oct., 1905. Patient had eaten heartily both before this and also at supper afterwards, the pain having eased off again. At 3 a.m. next morning very severe pains seized the patient in his abdomen. Hoping that it would soon pass off, his wife did not send until 11 a.m., and I went at once on getting the message an hour or two later, but found him at 1 p.m. a little easier, and sitting up doubled over. He had vomited some food, and his bowels had not long acted as the result of some castor oil his wife had given him. I ordered him to bed at once, told his wife to poultice him well, and left some medicine, telling them to send if he got any worse, but that otherwise I would call next morning.

The following morning I found him very collapsed indeed, pulse about 144 and very thready. No pain, but marked restlessness, incessant thirst; but the moment this was gratified vomiting resulted, and indeed, every few minutes, with or without drink, he was vomiting black blood in mouthfuls at a time. There was no rise of temperature, and suspecting a perforation of the "primæ viæ," I examined carefully for signs of peritonitis. Save for some epigastric tenderness, however, there were no signs of this. Liver, spleen, and other organs appeared to be all in their normal positions. A district nurse was at once sent for, and owing to the kindness of friends the patient was thereafter enabled to have the untiring and assiduous attention of two good, trained nurses. *Saline enemata* were now given every four hours, and *iced water* by the mouth in teaspoonfuls.

On Wednesday things were no better, so I asked Dr Purdom to see the patient with me. Diarrhoea had now set in, of an involuntary nature. At Dr. Purdom's suggestion *hypodermoclysis* was resorted to freely, and to stimulate the heart and help control the hæmatemesis, *adrenalin* was injected *hypodermically* several times. This line of procedure was continued all day on Thursday, the 2nd

November, and by Friday morning there appeared to be a remarkable improvement, so that everyone began to hope for a recovery. Vomiting had now practically ceased, so that *egg water* could be given by the mouth. I injected $\frac{1}{6}$ gr. of *morphia* combined with a little *atropine* that night, and this stopped the diarrhœa for several days, and on Saturday morning patient appeared wonderfully better. The pulse was now of good volume and only about 84 beats to the minute, and patient himself was cheerful and full of hope.

On Saturday night Dr. C. E. Ham saw the patient with me, and was much interested. We agreed in thinking that a perforation had probably occurred in the posterior wall of the stomach, and that the ulcer so formed had become adherent to underlying structures, and that with due care as to diet and so forth we might look for immediate improvement. Next day patient was somewhat delirious, although his pulse continued good, so I began to give *peptonised milk* cautiously. This was retained and apparently digested, but the patient did not improve. The stomach became very distended and its outline was clearly visible through the obese abdominal walls, and its tympanitic note on percussion contrasted with the duller note of the bowels below. Blood now began to flow rather freely from the rectum; the *catheter* had to be used to empty the bladder; but the urine thus removed showed neither albumen nor sugar when tested. Involuntary evacuations began to occur in addition to the bleeding, and the whole abdomen became more distended, but never more tender than at first. The patient became more and more delirious, and eventually semi-comatose. On Wednesday patient was manifestly sinking, and he died early on Thursday morning, the 9th of November. A typhoid-like rash appeared upon the skin of the chest and abdomen a day or two before he died. The nurse in charge said that just at the last patient became very hot, but the temperature was not then taken. It had been taken frequently during his illness, but was always subnormal.

The relatives were willing that a *post-mortem examination* of a limited character should be made, so Dr. Purdom kindly assisted me, and just as we had completed our operations Dr. Ham arrived. On opening the abdomen

we at once observed characteristic nodules of *fatty necrosis* studded all over the peritoneum. As our time was limited and also our space and other conveniences, we left the liver alone, as it looked quite healthy, and there was no evidence of gall-bladder trouble. On removing the stomach we found a large post-mortem perforation at its pyloric end. The organ was much bound down by adhesions to the omentum all along its greater curvature, and was in a highly inflammatory state, more especially about its cardiac end. There was, however, no evidence of old ulceration or ante-mortem perforation.

Examination of the *sigmoid* and *cæcal regions* revealed nothing abnormal, save that everywhere the peritoneal covering of the bowels was congested-looking. There was no evidence of appendicitis. All over the abdomen the omentum was full of nodules of fatty necrosis.

Turning our attention next to the *pancreas*, we found this organ greatly enlarged. There was a large mass of blood extravasated in its neighbourhood, and it was surrounded by adhesions, so that it was with some difficulty we were able to separate part of it for examination. It was very much enlarged, and studded over with hæmorrhages here and there, though the gland tissue was by no means obliterated. Dr. Ham kindly tested the omental nodules, and found they reacted for fat when treated with acetate of copper. We now realized for the first time that we had been dealing with a case of acute hæmorrhagic pancreatitis.

Remarks :—The question of surgical interference was raised on several occasions, but we never saw exactly where we could advise it. In the early stages we judged that the patient was much too collapsed to have borne an operation, and when he appeared to be better we saw no indication which would justify an operation. I think the result of the case fully justified this position. At the commencement of the illness the history of previous attacks of colic was calculated to mislead.

The case is one of great importance as well as of interest, for at any moment any one of my colleagues may be called to face a similar situation. If so, I hope they may be more successful in their diagnosis. Mayo Robson states that*

* *Encyclopædia Medica*, vol. ix. p. 71.

"Dr. Hale White has given a record of all the cases of pancreatic disease occurring in the post-mortem room of Guy's Hospital during fourteen years, from 1884 to 1897, showing that out of 6708 autopsies the pancreas was found diseased or injured in 142; that is, out of all cases dying in a large general hospital, 2 per cent had disease of the pancreas"—surely a very important proportion. Pancreatic disease is hence far from uncommon, although of this 2 per cent a large proportion would not be of the acute variety. In the hæmatemesis and rectal hæmorrhage that were present in this case we have an example of the tendency of pancreatic disease to cause a general liability to hæmorrhage. It is on this account that operations for jaundice caused by enlargement of the pancreas are so liable to be followed by fatal hæmorrhage. Bleeding of the kind observed in this case too is misleading, as diverting the attention to ulceration, and hence is worthy of special notice.

The behaviour of the bowels in this case was quite typical, there being constipation at first, and subsequently diarrhoea. At no time did fat appear in the stools, as sometimes occurs in such cases. Any blood that passed per rectum was fresh red blood, and not black like that which was vomited. It may possibly have been poured out from the pancreas itself. The post-mortem findings in the case were highly characteristic and call for no special comment. There was no jaundice throughout.

One point should be mentioned in relation to etiology in this case. The patient's widow informed me that he had recently been using some stinking size for the white-washing of one of the ceilings in his house, she wondering if a bad smell could have caused his illness. It is generally accepted that the most usual cause is infection from the duodenum, along the pancreatic duct, though the precise bacteria of causation have not yet been identified. I am not aware, however, that putrid size would be likely to have the effect of setting up duodenal catarrh, though it is just possible. In his case there evidently was an unusual tendency to some kind of painful affection of the bowels, which may well have been a starting point, rendering him more liable to pancreatic disease.

In the management of this case we were struck by the

effect of the saline injections under the skin. These were given four or five times, and varied from half a pint to a pint at a time, injected alternately into either axilla. Had these not been used the patient had every appearance of dying nearly a week sooner. Dr. Purdom's energetic co-operation and advice was of the greatest comfort to me in the care of this anxious case. The adrenalin also seemed of value in controlling the hæmorrhage from the stomach.

The case is interesting also in respect of its duration. Acute pancreatitis usually terminates fatally within five days, and often within two or three days. The delirium as evidenced in this case, is very characteristic of the affection, especially in the later days. The patient was also an example of the observation that the disease is commonest in adult males.

THE AFTER HISTORY OF HYSTERECTOMIES FOR UTERINE FIBROIDS.

By EDWIN A. NEATBY, M.D.

Physician for Diseases of Women to the London Homœopathic
Hospital.

A SHORT time ago, when talking with a colleague as to the treatment of uterine fibroids by operation, the question was asked, "What is the subsequent history of hysterectomy patients?" Although able from memory to give an answer as to the experience of these patients, it occurred to me that it would be a satisfaction to myself, and possibly of interest to others, if I could trace some of my old cases. The result of this attempt is given in the following pages.

For the purpose in hand it is not enough to know that the vast majority of cases of retro-peritoneal hysterectomy make an "uneventful recovery." That this is, at the present day, the usual event is happily an established and generally known fact. The object of the present enquiry is rather to provide some fresh data wherewith to answer the question whether or not the after-results of the operation are satisfactory to the patient and to the surgeon.

Some attempt will therefore be made to compare the patients' condition before and after the operation, and to

give where possible the patient's own view as to the ultimate success of the treatment she has undergone.

CASE 1.—This patient was, I believe, the first retro-peritoneal hysterectomy performed at the London Homœopathic Hospital. It was done in 1896, the patient being then 50 years. The operation was carried out for pain in the abdomen and legs, urinary difficulties, and loss of flesh and strength. The tumour extended well above the umbilicus, and was stationary; the menopause had occurred five years previously, and had not been followed by any diminution of the tumour. This patient was discharged exactly a month after the operation. She was seen a few weeks ago, and has been in another hospital for ulcer of the stomach and accompanying peritonitis, for which cœliotomy was performed. She is still ill-nourished, but this is chiefly due to a chronic starvation owing to extreme poverty. She has lost the original pain and the urinary difficulties, is less emaciated, and is satisfied that the operation has been of great benefit to her. In this opinion I concur.

CASE 2.—Sent to me by Dr. Ord, of Bournemouth, operated upon in 1897, when the patient was 43. At that time she was suffering from menorrhagia and dyspnoea due to anæmia. A large soft mono-myoma was found. It was removed; and the patient left the hospital well a month later. Her convalescence was extended by thrombosis of the left femoral vein. In reply to my enquiry, Dr. Ord kindly writes as follows: "I have seen K. F.; she has had good health since the operation. She had 'white leg,' you will remember, in the L. H. H., and has had pain and weakness in it since, and a small varicose ulcer some eighteen months ago. Except for the usual 'heats and flushes,' this is all. A most successful case, seeing she could not have lived many months as she was before operation, or without it."

CASE 3.—H. H., æt. 42. In January, 1898, admitted for dysmenorrhœa, menorrhagia (as much as 40 diapers during a period), metrorrhagia, leucorrhœa, white or brown and offensive, "dreadful aching" in hypogastrium and legs. A large fibroma, presenting at the cervix, and beginning to slough, was removed by *écraseur*.

In September of the same year hysterectomy was performed. Twenty-eight days after operation she was discharged well.

I have repeatedly seen this patient since, and she had lost all her old symptoms, and had been in very good health.

My enquiry as to her present condition elicited no reply.

CASE 4.—E. W., æt. 46. Single. April, 1898. Hysterectomy was performed for an enlarging myoma, associated

with irregular hæmorrhage. Patient was discharged 28 days after operation.

She had no symptoms before operation, except the hæmorrhage and a rapid pulse—100. The pulse quietened down, and the patient remained in good health.

On November 6th she writes that she “is fairly well on the whole, though not strong, and still troubled with flushes of heat, and nerves in very shattered condition.”

CASE 5.—O. M., æt. 40 years. This patient came to me in 1898. She was then suffering from menorrhagia and severe pain, chiefly in the right ovarian region, during the periods. The leucorrhœa was thick, and yellow in colour, and had also increased considerably during the last six months.

On examination, a myoma was found, extending to about half-inch from the umbilicus, and involving chiefly the anterior wall of the body of the uterus. Retro-peritoneal hysterectomy was performed on June 4th. She made an excellent recovery, and was discharged on July 14th.

She remained well, and continued to gain strength; and was able to work hard afterwards. Some time ago I heard that she was well, and had lost her anæmia. On November 4th she wrote as follows: “I am happy to write you I am, and have been, in *good health* these last four years. With the exception of a monthly headache, I have no pain or inconvenience from the operation.”

CASE 6.—Hannah H., æt. 42. Married. Operation, October, 1898. Condition before operation: Menorrhagia, offensive leucorrhœa, dysmenorrhœa, abdominal tumour extending two inches above umbilicus. Heart sounds weak. Discharged 30 days after operation.

Not seen for three or four years, but up to that date remained very well, and able to conduct a flourishing greengrocery business.

In reply to my enquiry, I received the letter back through the returned letter office.

CASE 7.—C. S., æt. 59. Hysterectomy for fibroids of uterus, performed December, 1898, on account of post-menopausal hæmorrhage—profuse, but not offensive.

The myomatous uterus was found to have undergone malignant changes. She made a good recovery, and for two or three years reported herself at intervals as quite well.

On November 3rd I learn that she “has enjoyed excellent health since the operation.” and is in a situation.

CASE 8.—No. 609. K. D., æt. 44 years, was admitted suffering from a large abdominal tumour.

On July 11th, 1904, operation was performed, and a large fibroid tumour was removed. There is no record as to the removal of ovaries.

Patient made a good recovery, and was discharged on July 29th.

I have seen this patient quite recently, and she reports herself in excellent health. She also wrote on November 3rd, "I have enjoyed fairly good health since the operation, with the exception of a pain and stiffness in shoulder, as like rheumatism as anything."

CASE 9.—T., æt. 42. An irregular, nodular growth, reaching to the level of the umbilicus, and resting on the pelvic floor. It was said to be growing rapidly, and at the operation an embryo of about one month's growth was found in the uterine cavity. Pruritus vulvæ and the weight of the growth, which produced very frequent micturition, were the only symptoms complained of.

Six months after, she was seen and had remained quite well and able to conduct her business.

I learn from Dr. Epps, who kindly sent the case to me, that she has remained in good health, and is able to conduct a business.

In answer to a letter of enquiry, she wrote on November 6th, "I am very thankful to tell you that I am quite well, and able to work as hard or harder than ever, for the strain of business life certainly does not decrease."

CASE 10.—No. 265, A. T., æt. 44 years. On admission was suffering from urinary trouble, palpitation, headache, and frequent and irregular periods, and œdema of both lower extremities.

On examination, a large rounded swelling was felt, in mid-line extending from pubes to $1\frac{1}{2}$ inches above umbilicus and 3 inches on either side of mid-line; tumour connected with uterus.

On March 7th, 1903, I performed a double oöphorectomy and hysterectomy, amputating the uterus supra-vaginally.

Patient made a splendid recovery, and was discharged on March 28th.

On November 7th, she writes, "I am stronger, have more energy, and my head is better, but the flushes are as frequent as they were just after the operation. The discharge is quite as bad. I cannot walk or stand much without being very uncomfortable." On November 17th she states she is better as regards the following points: 1. Hæmorrhage; 2. Palpitation; 3. Taking cold; 4. Weight; 5. Temper; 6. Sleep; 7. General enjoyment of life.

She is troubled with discharge—intermittent, sanious, acrid (found to be due to a cervical polypus), and with “bearing down.”

CASE 11.—No. 369. E. L., æt. 32 years, was admitted for abdominal tumour, which, owing to its large size, caused difficulty in getting about, pain in back, and dyspnoea.

On April 18th, 1903, abdomen was opened in mid-line, and tumour brought to view. Right ovary was found high up to right of umbilicus. It was removed intact with the tumour supra-vaginally. The left ovary was not removed.

Patient made an uninterrupted recovery, and was discharged on May 12th.

On enquiry on November 7th, she wrote, “I am happy to be able to say that I feel much better in health this year than last, with the exception of repeated attacks of bad headache.”

CASE 12.—No. 701. M. G., æt. 36 years (single), was admitted for menorrhagia and weakness, and for an unsightly abdominal tumour, also cramps in the legs.

On August 10th, 1901, an incision was made in mid-abdominal line. A large fibroid tumour and uterus were removed.

Patient made a very satisfactory recovery, and was discharged on September 3rd.

On November 7th, she writes, “I am very pleased to tell you that I am in the very best of health, and never was so well.”

CASE 13.—No. 191. L. B., æt. 39 years, admitted on account of abdominal tumour. For eighteen months she had had menorrhagia. She was anæmic, and suffered a good deal from headaches, worse during the periods.

On examination, a softish, elastic tumour was felt, reaching to the umbilicus; vagina very small; the cervix pointed back, and was quite continuous with the tumour.

On February 4th, 1899, the uterus, tumour, left ovary, and tube were removed through an abdominal incision by the retro-peritoneal method.

The patient made an excellent and straightforward recovery, and was discharged on March 7th.

She was a hospital nurse, and was soon able to return to her duties.

I wrote for information as to her present condition, and received no reply, the letter being returned.

CASE 14.—No. 1089. E. G., æt. 40 years. Admitted for menorrhagia, pain, and loss of flesh.

On examination a hard, inelastic, rounded tumour, rising

up out of the pelvis was found, median in position, and extending $5\frac{1}{4}$ inches above the pubes. It was freely movable from side to side. On January 16th, 1902, a median incision was made below umbilicus, and the tumour, uterus, and left ovary were removed.

Patient made a good recovery, and was discharged on February 7th.

She wrote on November 6th, "I have been very well in health since the operation. . . . Lately I am not feeling so well again in myself; I suffer very much at times with pain in the back, which makes me feel very poorly." She came to see me on November 8th, and I found she has had hæmorrhagic discharge on several occasions since the operation, and complains of disturbed eyesight, pain in the head, and flushes of heat. The scar and stump were sound.

CASE 15.—No. 412. E. B., æt. 48 years. Three months previously this patient noticed a lump in lower part of abdomen, more especially on the right side; she felt pain in it at times. For the last two months the period had recurred every three weeks. The tumour had grown perceptibly since it was first observed. On May 3rd, 1902, a median abdominal incision was made, and uterus with myoma, right ovary, and tube were removed.

Patient made a very satisfactory recovery, and was discharged on May 29th. She continued to report herself for about two years at the out-patient department, and reported some flushings, etc. No reply was received to my recent letter.

CASE 16.—No. 441. E. B., aged 38 years. This patient was sent to me by Dr. Wilkinson. She complained of severe pain in left side of abdomen during the periods, has also lately had a good deal of pain in lower part of back between the periods.

The uterus was much enlarged, and lying to the left of the middle line. A tumour mass filled up the sacral hollow.

On May 6th, 1899, the uterus and right ovary were removed by the retro-peritoneal method. Patient made a good recovery, and was discharged on May 31st.

I have since heard from Dr. Wilkinson that she remained well; and on October 10th she herself wrote that her health is good, and that she had just been nursing an ovariectomy case, and was on duty twenty-two hours continuously without feeling any inconvenience. Since the operation she had had typhoid fever.

CASE 17.—No. 595. S. S., æt. 44 years. Patient was

admitted for profuse and frequent periods. The uterus was found to be large, the cavity measuring four inches. On July 1st, 1899, the uterus and both ovaries were removed by the retro-peritoneal method. She made a good recovery, and was discharged on August 1st.

This patient has been more or less under observation ever since. She has earned her livelihood as a needlewoman, and in this capacity works for the hospital. She has remained in good health. On November 8th she reported, and complained only of "rheumatism in hands and throat," which has come on recently. She has had no pain or periods.

There was some flushing, which has stopped. She has not felt so well since.

CASE 18.—K., operated on in January, 1901. Condition before operation : bedridden from hæmorrhage and abdominal pain ; extremely emaciated.

Hysterectomy for multiple myomata.

Dr. Frank Shaw reports that this patient has never attained a high degree of robustness, but is leading a fairly active and responsible life.

On November 7th, she writes, 'I am heartily glad and thankful that the operation was performed . . . I am really able thoroughly to enjoy life.' She adds that she is not a good walker, "on account of her feet," and that she has agonizing attacks of pain in her heart. Of the nature of this I am unaware : the heart was not diseased at the time of operation.

CASE 19.—E. F., sent by Dr. Vincent Green, was extremely anæmic—skin of deathly pallor, and lips blanched. The right heart was markedly dilated, and the arterial tension extremely low. Patient was so breathless as to be quite incapacitated from following her work as domestic servant. The tumour reached to the umbilicus ; it was removed in December, 1902. She has been seen several times since leaving hospital, and Dr. Green reports that she is now doing her work, and is keeping well. When last I saw her she looked so well as to be almost unrecognizable.

CASE 20.—M. W., æt. 44. Sent to me on October 12th, 1898, by Dr. Bennett. Suffering from uterine hæmorrhage, occurring continually for six months. For two and a half years the menstrual loss had been profuse and premature, and latterly it had been accompanied by a good deal of aching in lower part of abdomen. A large tumour was found, extending to half an inch from umbilicus, hard and multi-nodular, with one boss very prominent in right iliac region. The tumour was continuous with the uterus.

Retro-peritoneal hysterectomy was performed on October 18th, 1898. The patient made an uneventful recovery. A few days ago I heard from Dr. Bennett that she has remained perfectly well, and never once "looked back" since operation seven years ago.

CASE 21.—Miss P., æt. 41 years, was sent to me from Eastbourne, by Dr. Croucher. Her chief trouble was urinary.

On examination a hard mass was felt in lower part of abdomen, extending to within three and a half inches of umbilicus. Cervix was down, forward, and strongly to left, within one and a half inches of vaginal orifice. Tumour and cervix uteri continuous one with another.

On February 29th, 1899, I removed the tumour and uterus. Patient made a good recovery, and has remained well.

Dr. Croucher writes (November 6th, 1905), 'I have just seen A. P., and she says she has been perfectly well ever since.'

CASE 22.—No. 623. J. B., æt. 34 years. Admitted for excessive menstruation, and aching pain in right side. Operation was performed on September 8th, 1904, and uterus, which was myomatous, was removed. The notes do not state whether the ovaries were removed or not. Patient made a good recovery, except that she had thrombosis of left saphena vein during convalescence.

I saw her a few days ago, and she was in very good health, and able to do her household duties.

On November 3rd she wrote, saying, "Since my operation in September, 1904, I am pleased to say I have felt very well indeed, in fact, my general health is better than it has been for some years. The only inconvenience I have arises from my leg." She now does all her house-work, and before operation she did scarcely anything.

CASE 23.—No. 407. C. G., æt. 42 years, admitted for abdominal tumour, which was first noticed eighteen months ago. On May 2nd, 1903, abdomen was opened by long incision in mid-line, and large tumour was brought to view.

Both ovaries were diseased, and were removed with tumour and uterus. Patient made a perfectly satisfactory recovery; and was discharged on May 26th.

Ten weeks after the operation she took a responsible situation; and I have not heard of her lately.

CASE 24.—No. 109. A. L., æt. 38 years, admitted for menorrhagia and abdominal tumour.

On January 16th, 1904, abdomen was opened, and the fibroid uterus was removed, and double oöphorectomy was

performed. Patient made a satisfactory recovery, and was discharged on February 9th. Eight weeks after leaving hospital she had thrombosis of left saphena vein. She wrote a few days ago, saying, "I am very pleased to say I am feeling very well indeed, and am thankful that I am able to be at work again. "There is a hard lump in centre of stomach when I rise in the morning, but when I lie on my back I can't feel anything of it. . . . The treatment has been the means of restoring me to health and work."

I saw this patient on November 8th. She has a small hernia of the abdominal scar, no induration round the stump. There is chronic semi-solid œdema of the left leg, with erythema of the skin, she says the left leg was swollen before the operation. She has no flushes now. They were never very bad; sleeps well. Total amenorrhœa since operation. No change in sexual feelings.

CASE 25.—M. S., æt. 35, married, had had offensive leucorrhœa and menorrhagia for eight years prior to admission, in July, 1903. She was wearing a Hodge pessary, which had become almost entirely embedded in the tissues, and causing thickening and induration, suggesting carcinoma of vagina.

An abdominal tumour extending above umbilicus was found. This was removed in the usual way, together with a distended Fallopian tube, the size of a large sausage. One ovary was left.

Her own report, dated November 3rd, is, "I am more than thankful to say I never felt better in my life, in fact, I feel quite a different woman. I feel able to work now better than ever I did. The belt I had on leaving the hospital is worn out about three months, and I feel no effect of leaving it off."

CASE 26.—No. 238. C. R., æt. 56 years, was sent to me by Dr. Wilkinson, of Windsor.

She was suffering from hæmorrhage, leucorrhœa, and pain in lower part of abdomen. On examination, uterus was found to be very large, irregularly nodular, and retroflexed.

On March 10th, 1904, abdomen was opened, and total removal performed of uterus and ovaries. Patient made a good recovery, and was discharged on April 5th.

I heard from her on November 11th. She says she is very well, and has no pain or suffering of any kind. She is able to do a considerable amount of teaching work, which involves both walking and prolonged standing. Her sleep is short, and not very sound, but she nevertheless awakes refreshed, and does not feel tired till bedtime.

CASE 27.—No. 536. R. A., æt. 44 years, admitted for swelling in right side of abdomen, also swelling and pain in left leg.

On June 18th, 1904, abdomen was opened. Both ovaries were found to be fibroid and enlarged, especially the left, which was removed with tumour and uterus supra-vaginally. The tumour was very large.

Patient made an excellent recovery, and was discharged on July 11th.

Patient writes (November 4th), "I am feeling very well in my general health ; my side troubles me at times."

CASE 28.—No. 943. M. D., æt. 46 years, admitted for uterine myoma increasing in size, for increasing hæmorrhage, frequency of micturition, and offensive leucorrhœa.

On December 10th, 1904, supra-vaginal hysterectomy was performed. No statement as to ovaries.

Patient made a satisfactory recovery ; and left the hospital on January 11th, 1905.

On November 6th she was seen and examined. Her own statement is to the effect that she "feels better in general health, infinitely better than for years." She still feels weak, and a feeling as if sacral region "did not belong to her." She complains of pains down arms to fingers and hands ; "it takes all strength away"—this was present before operation. Weight on chest—also before operation.

Examination.—Scar sound. No induration felt per vaginam.

CASE 29.—No. 785. C. H., æt. 45, admitted for myoma, and had suffered considerably from abdominal pain and urinary trouble. Before each period the catheter is required for two or three days, on account of retention due to the pressure of the engorged tumour on the neck of bladder.

Abdominal hysterectomy was performed on October 15th, 1904. The tumour consisted of a large myoma, with six smaller ones growing from it. No statement as to ovaries.

Patient made a rapid recovery ; and left the hospital on November 8th.

On November 4th, 1905, patient reports, "Since my operation I feel a different woman, and at the present time I am in a better state of health than I had been in for many years. I can take my food, and it does not cause me any pain, and I have no trouble with the water."

CASE 30.—L. S., æt. 46, seen December, 1904, with Dr. Stonham.

Complaints.—Menorrhagia, dysmenia (like labour pains),

and attacks of pain, tenderness and temperature, diagnosed as localized peritonitis. Examination revealed fibroid uterus and a soft cystic swelling on left side.

At operation both ovaries, tubes, and uterus removed.

Report, November 6th, "is very well, feels quite different, is putting on weight; has no bad symptoms; only a few flushes in the evenings."

CASE 31.—E. H., æt. 52, still menstruating, quantity profuse, lasting seven days; complains also of abdominal pain.

At operation, August 24th, 1901, both ovaries were left; followed by thrombosis of left saphena vein.

Report of November 3rd, 1905, "Is decidedly better; has the use of her limbs now; only at times suffers from internal pains." She does her work with more comfort than before the operation, and does more of it.

CASE 32.—No. 1084. E. P., æt. 49 years, was suffering from constant "shooting" pain in left iliac region, accompanied by irregular and profuse and prolonged periods, for which she has been repeatedly and vainly curetted. This condition had continued since August, 1899.

On December 15th, 1900, abdomen was opened, and two small fibromata, about size of a walnut, were seen embedded in uterine walls. These, with uterus, were removed by the retro-peritoneal method. Both ovaries were left.

Patient made a good recovery; and was discharged on January 14th, 1901.

On November 6th, 1905, reports herself "very well since operation."

CASE 33.—Kate H., æt. 38. In April, 1904, came for a lump in abdomen, reaching nearly to umbilicus, associated with menstrual and intermenstrual pain, distension of abdomen, dyspareunia, and aversion to coitus.

Hysterectomy was performed in March, 1905, and one ovary was removed; good recovery.

On November 5th, 1905, she was seen again, and was found to be getting stout, and (for this reason) somewhat short of breath. She had lost all abdominal pain, had no dyspareunia, or impairment of sexual feelings, and was doing her daily work. The abdominal scar was good and firm, and there was no induration around the cervical stump. She did not refer to any menopausal symptoms.

CASE 34.—J. B., æt. 40, single, came on account of abdominal tumour, increasing in size, associated with rapid pulse (110 to 120), general weakness and breathlessness. On account

of increasing cardiac weakness, hysterectomy was performed in January, 1903; one ovary was removed.

Patient was slow in regaining strength. She has not suffered since the operation with flushes, but the heart has been slow in recovering itself. Pulse is still rapid, though less so than before; she cannot stand well on account of downward pressure in the vagina. She has also very slight periodical hæmorrhages.

CASE 35.—Laura G., æt. 31, single, sent by Dr. Frank Shaw, in January, 1904, with uniform, globular, uterine myoma, of very limited mobility. She had considerable menorrhagia, with some intermenstrual hæmorrhage, abdominal pain, retching after exertion, and shortness of breath.

Hysterectomy was performed shortly after the above date.

On November 8th, 1905, Dr. Shaw reports: "I saw this patient a few weeks ago, and she was quite well and strong."

CASE 36.—Miss K., æt. 39, in July, 1903, sent to me by Dr. Ray, of Melbourne. Complained of pain in right iliac region, abdominal distension, and frequent micturition, or partial retention, by turns. Five years previously, had had a Whitehead operation for prolapsus recti. Menstruation, painful and scanty. Patient was thin, pale, ill-nourished, and highly nervous. She had enlarged glands of the neck, threatening to suppurate. On examination, a fibroid uterus, about the size of a clenched fist was found, together with a large and tender right ovary. Medicinal treatment, continued for some eight months, was followed by very little relief to the abdominal pain and general ill-health.

In March, 1904, hysterectomy and right oöphorectomy were performed. Patient made a good recovery, and has been able subsequently to travel nearly round the world with comfort. She is in every way greatly improved.

CASE 37.—Mary C. F., æt. 37, single, sent up by Dr. Frank Shaw, with large irregular multi-nodular myoma, some of the nodules being suspiciously soft. The lower pole of the tumour was almost impacted in the pelvis. Abdominal and dorsal pain, and frequency of micturition at night, were her chief discomforts.

In May, 1901, hysterectomy was performed at the Buchanan Hospital, St. Leonard's; some suppuration occurring in the incision.

On November 15th, 1905, patient writes: "I feel sure you will be pleased to hear I am very well. It is really quite a pleasure to feel so much stronger, and better able to face the duties of life."

This patient's complete recovery was retarded by the working out of some sutures.

CASE 38.—M. B., æt. 58, in January, 1898, had a large myoma reaching well above the umbilicus. She had been aware of its existence since 1881. In 1873 an ovarian tumour was removed by the late Sir Spencer Wells, and in 1882 the other ovary was removed for the fibroid, on account of its size, but not because of hæmorrhage. This operation produced a slight diminution in the size of the tumour.

Hysterectomy in August, 1898, on account of the bulk of the tumour, which was œdematous and semi-cystic.

I have not heard for two or three years of this patient ; but up to that time the reports were uniformly good.

CASE 39.—S., æt. 40, in 1895, married ; sent to me for palpitation, anæmia, dyspnœa, menorrhagia, abdominal tumour (uterine myoma) extending to three fingers' breadths from umbilicus.

In June, 1896, double oöphorectomy was performed, and followed by very marked temporary diminution of tumour. Rapid enlargement of tumour followed, accompanied by progressive cardiac weakness, with dilatation of both sides, and aortic systolic bruit.

In August, 1901, on account of recurrent hæmorrhages and growth of tumour, hysterectomy was performed, and a remarkably easy recovery took place.

A month later, Dr. Moir reported, "Apex beat in anterior axillary line, well defined ; sounds at apex sharp and closed, nearly equal in time, nothing abnormal in aortic area ; soft pulmonary systolic bruit. P. 90, slight tension shown by sphygmograph."

Nine months after the operation patient died suddenly from cardiac failure.

CASE 40.—B., æt. 40, in 1893. Abdomen was opened elsewhere in 1893 for "soft multiple myoma," which could not be removed. Came to me in July, 1893, on account of increasing size of tumour, free fluid in abdomen, swelling of feet, and dyspnœa. The tumour was removed in May, 1895. A small portion was left adherent to some tissues near right kidney ; recovery was good.

Afterward extended growth took place, apparently from above portion. She had a somewhat up-and-down course, the growths increasing considerably for a time, and the periods recurring with more or less regularity.

Last seen on November 2nd, 1905 ; many nodules in abdomen, but in every way improving ; able to do much more work

than before operation. She expressed herself as thoroughly satisfied that the second operation had been done.

Such then are the materials upon which my answer to the question propounded in the opening sentences of this paper must be based.

They have, I must confess, worked out somewhat differently from what I expected and hoped. It was my wish to collate *facts* bearing upon one or two important questions, and to supply some small amount of positive and relative *statistical* evidence thereupon. In the first place it would have been of great value had I been able to give positive information as to the proportion of patients suffering from disturbances due to the sudden induction of the menopause, and as to the severity of those disturbances. Much valuable knowledge might conceivably be obtained by studying the family history of hysterectomy patients, and by comparing the histories of the patients prior and subsequent to operation. Furthermore, clinical or therapeutical facts are badly needed which bear upon the view advanced by modern physiology that the ovary is a ductless gland, having an internal secretion like the thyroid or the suprarenal capsule. There is no *a priori* unlikelihood in this. Some clinical facts strongly support this view, and in 1903 L. Fränkel, of Breslau, published the results of a series of experiments bearing on this. In the *Archiv. für Gynäkologie* (vol. 68, part ii.) he writes as follows: "The deceased embryologist, Gustav Born of Breslau, is the only author of the original unpublished hypothesis that the corpus luteum verum graviditatis must, from its structure and development, be a gland with an internal secretion. I have come to recognize that the corpus luteum possesses a still more far-reaching significance. The fact, demonstrated in the sequel, that the corpus luteum presides over the embedding and early development of the ovum is a part of a greater law. The corpus luteum brings about the exalted state of nutrition found during sexual life. The increased size and vascularity of the uterus during the whole of this period, as also the monthly cyclical uterine hyperæmia, are due to the corpus luteum.

"Its continued activity brings about on the one hand the implantation and development of the ovum, and on the

other, if the ovum remains unfertilized, induces menstruation. If the corpora lutea are wanting the uterus atrophies and menstruation does not occur. The condition of the uterus before puberty and after the menopause is referable to the faulty operation of the corpora lutea. . . . Furthermore, I announce important practical therapeutic uses which a knowledge of the functions of the corpus luteum has yielded."

While this is an imposing and interesting theory, it is not yet uncontested. A recent American writer has opposed the view, and a limited trial of the theory from the therapeutic side on my own part, hardly lends it support. A large series of hysterectomy cases might adduce evidence and side-lights on this question; for if it were carefully recorded in all cases whether or not the ovaries were removed during the operation, and if a material difference in the after history were found between patients with and without their ovaries, Fränkel's views would be strongly corroborated. It is true that Fränkel's views relate mainly to the corpus luteum of pregnancy, but if they are true they cover also the non-pregnant condition. The difficulty of obtaining after-histories in detail from patients on the one hand, and the unfortunate incompleteness of the records on which my paper is based on the other, must reduce it from the level of statistical fact to one of clinical impressions, and these must be taken for what they are worth. The lack of this information in my records is the less to be regretted that since the materials for this paper were being collected, an interesting and most complete article on the subject, covering the points I have aimed at, has been published in the *Lancet* by that able surgeon and many-sided observer, Mr. Alban Doran (Nov. 4th, 1905). As to climacteric symptoms his conclusions are as follows :—

Of 60 cases both ovaries were removed in 28; of these, *in three* the menopause was neither immediate nor complete; *in six* the menopause was complete without symptoms; *in nine* the menopause was complete with distinct but mild symptoms; *in ten* the menopause was complete and the climacteric symptoms severe. In other words, in about 67 per cent where both ovaries were removed there were climacteric symptoms present, and in more than half of these they were severe.

In 32 ovarian tissue was saved; in 18 the menopause was neither immediate nor complete; in 14 menopause was complete; *in four* it was complete without symptoms; *in four* it was complete with *slight* symptoms; in *six* with marked symptoms, and there were no severe symptoms.

In other words, where ovarian tissue was saved, there were climacteric symptoms in only about 31 per cent, and of these none were severe.

This is sufficiently convincing evidence to show that conservation of ovarian tissue is of the highest importance for the after comfort of the patient. Other figures show also, contrary to what would be expected, that young subjects do not necessarily suffer more than old ones. Of the ten severe cases recorded by Doran, the worst case was 38 years of age, and the next 41; while the two next in severity were 47 and 49 years of age.

In my own series of enquiries I have usually pursued a plan quite different from the above, where every detail possible was ascertained and registered, and every step towards the goal recorded. I have only enquired what the ultimate issue was—not the steps that led to it. Had I suggested, by enquiry, a number of symptoms, I have no doubt I should have succeeded in eliciting many. The answers I received show that in the great majority of cases no mention is made of the intermediate symptoms, menopausal or other. If they existed they were trifling and transitory, and not thought worthy of mention by the patients. Analysing more closely, it is found that nineteen patients (out of the forty recorded) had *some* after effects. Of these, twelve have distinct sequels of the operation, and nine have symptoms not due to it—such as ulcer of stomach, rheumatism, headache, rapid pulse, cardiac conditions present before. Two of the nineteen patients had some symptoms due to the operation and some not due to it—thus making a total of twenty-one. The twelve alluded to are Nos. 2, 4, 10, 11, 14, 15, 17, 22, 24, 30, 31, 37. All these I should class as slight; they include flushes (mentioned in six cases, probably present in others), “nerves shattered” (one), headache, disturbed vision, pain and swelling in leg (two cases, one present also before operation), “internal pains” (one), sutures irritating wound (one), hernia (one).

Those symptoms not due to operation were, gastric ulcer (one), rheumatism (three), cardiac conditions (three), recurrence (one), headache (one).

In only eight cases were the symptoms following operation volunteered, the rest being elicited by observation and questioning.

As already stated, my records are incomplete on the important point as to whether the ovaries were left or removed. In the early days the importance of these organs had not been recognized, and little or no notice was taken of them, unless very obviously diseased. Of the forty cases, in twenty no mention is made of the ovaries; in two cases both were left; in eight both were removed; and in ten one was removed. In two of the eight cases of double oöphorectomy the removal was performed some years previously. Of the twelve patients who had symptoms due to the operation, four had both ovaries removed (Nos. 10, 17, 24, 30), one had both ovaries left (No. 31); three had one ovary removed (Nos. 11, 14, 15); of the rest in four no mention is made.

Of the four who had both ovaries removed No. 10 had fairly considerable discomfort, but a large part was due to the development of a cervical mucous polypus, which could not be attributed to the operation. Nos. 17 and 30 had only trivial flushes. No. 24 had hernia of the scar. Two of the cases left without ovaries had only trifling symptoms, and one, the hernia, had no relation to the ovaries. There is thus no uniformity of result attending the loss of these organs. In the two cases where the ovaries were removed some years previously, the uterine tumour in one instance decreased but little, and remained well above the umbilical level, whilst in the other, after a temporary reduction in size, it rapidly increased.

One of the operations was performed well after the unaided onset of the menopause, and the size of the tumour was unreduced. This state of things I have repeatedly seen before, and have put some of the cases on record.

Of the nine cases with symptoms not due to the operation, in five no mention is made of the ovaries; in three both were removed; and in one, one was left. I should judge from my own small series that the after effects of operation are at least as much due to the condition of the patient

before operation, as to the presence or absence of the ovaries.

In those with the most serious or distressing after-condition, operation might with advantage have been performed much earlier. Indeed, the more I see of the custom of deferring operation on account of the supposed proximity of the menopause, the less I like the practice. Only a few days ago a patient came to see me who four years ago had been advised by a lady gynecologist to defer operation for that reason. The patient had developed anæmia, dyspnoea, cardiac bruits in the interval; had wasted $3\frac{1}{2}$ years of a life which should have been busy; was only just beginning to have lessening periods, and had a tumour as large as ever if not steadily growing. In cases 34 and 39 the heart never recovered itself properly, and in No. 39 it suddenly failed. Had hysterectomy been performed earlier, the first of these would never have developed the tachycardia, nor the second the cardiac dilatation. It is my belief that 75 per cent of the disasters, immediate and remote, of hysterectomy might be avoided by earlier operation.

Another unfavourable symptom occasionally following is leucorrhœa; this is not seldom explained by a cervical polypus, as in case No. 10. In several of Mr. Doran's cases (*loc. cit.*) menstruation persisted more or less regularly and in some quantity after hysterectomy. In two of my own this occurred with considerable regularity and quantity (Nos. 34 and 40), and in one (10) a sanious discharge existed intermittently, probably due to polypus; in one (14) several hæmorrhages had occurred. It is supposed in these cases that some part of the corporeal endometrium was left, or that some of the cervical lining had taken on a corporeal character. Of these four cases, in one no information is to hand respecting the ovaries, in one both were removed (10), and in two one was left (14, 34). No. 10 was probably not a true menstruation at all.

Bearing down was complained of by two patients (Nos. 10 and 34). By a recent American writer this is regarded as a frequent sequela to hysterectomy. He recommends, to prevent it, that the ends of the round ligaments and of the Fallopian tubes should be stitched to the uterine

stump, and that the broad ligament should be folded and shortened as much as possible at the same time, so as to brace up the uterine stump and the vagina.

In conclusion, though this analytical review of my cases has furnished less scientific detail than I hoped at its commencement, it has nevertheless been one of the most gratifying pieces of clinical investigation that I have ever conducted. The responses, given in brief here, have shown so much satisfaction on the part of the patients, in spite of temporary discomforts, that the reputation of the operation is enhanced in my mind, and the trouble of the enquiry more than repaid.

NOTE ON AN ABNORMAL ARRANGEMENT OF THE INTESTINES.

By S. H. RAMSBOTHAM, M.D.

I THINK it desirable to place on record a curious condition or arrangement of the intestinal canal, found during the progress of a laparotomy performed on a patient of mine a short time ago. It is not necessary to enter into the history of the case, or the nature of the operation. A small incision only into the lower portion of the abdomen was deemed necessary; when the intestines were brought into view, and the surgeon's finger was passed within the opening to search for the expected source of mischief, the cæcum and appendix were found to be lying in the left iliac fossa, and the sigmoid flexure in the corresponding position on the right side. I have not been able to discover any reference to such an abnormal arrangement, nor had the operating surgeon previously met with it. As the patient had lived to the age of 82 years, and, until recently, led an active life and enjoyed excellent health, it cannot be said to have caused any definite inconvenience; but its occurrence suggests interesting reflections on the diagnosis which might have been given had the patient happened to suffer from, say, cancer of the sigmoid, or ulceration of the appendix.

HARROGATE,

Nov., 1905.

**FIRE AT MESSRS. JOHN WRIGHT & CO'S BUILDINGS,
BRISTOL.**

WE regret to learn that the establishment of Messrs. John Wright and Co., of Bristol, our esteemed printers, took fire on the evening of Saturday the 4th of November, the fire spreading from an adjoining warehouse, and ending in total destruction of Messrs. Wright and Co's. premises and stock. This has necessarily stopped business for a time, and has involved the loss of much manuscript and proofs. Fortunately the *Review* has suffered little, and Messrs. Wright and Co. hope to have the current number out by the usual time, but should it be a little late, we are sure our readers will understand the serious reason, and forgive any delay, while sympathizing with our printers in their loss, incurred through no fault of theirs. We understand that a great part of the pecuniary loss is covered by insurance.

ERRATUM.

We are requested by Mr. C. J. Wilkinson to state that in the paper he read before the Congress, and which was published in our November issue, there is an error. The paragraph at the bottom of page 655, beginning "The patients remain," etc., should follow "1 in 300," about three-fourths down page 656. We attach no blame for this to the Editors or to the printers, as Mr. Wilkinson got the proof as usual, and did not observe the error when correcting it.—*Eds. M.H.R.*

REVIEWS.

Deviations of the Nasal Septum, their Causes, Complications, and Cure. By A. Speirs Alexander, M.D., C.M., Consulting Physician and late Physician for Diseases of the Eyes, Ear, Nose and Throat, to the Devon and Cornwall Homœopathic Hospital. London: John Bale, Sons and Daniellson, Ltd., 1905.

This is a reprint of the paper read by Dr. Speirs Alexander, at the British Homœopathic Society, and published in the *Journal of the Society* for October. It is excellent, and is interesting, and is purely surgical, as one might gather from the subject. It is worth reprinting in the present separate form.

Golden Rules of Sick Nursing. By W. B. DRUMMOND, M.B., C.M., F.R.C.P. (Edin.), Assistant Physician at the Royal Hospital for Sick Children, etc. Bristol: John Wright & Co., 1905.

As his modest preface, Dr. Drummond says :—

“ Books on Nursing by medical men are a little apt to take the form of treatises on elementary Anatomy, Physiology, and Medicine. The writer of the present booklet has endeavoured to restrict his pen to the subject of Nursing proper, and to those aspects of Nursing which can be dealt with in the form of Rules. He has also tried to bear in mind the need of those engaged in private and in district nursing, as well as of those whose work is in the hospital.

“ The little book is quite elementary ; but the writer hopes not only that the rules here furnished will prove useful to probationer nurses as hooks upon which to hang additional knowledge, but also that some at least of the sections may be of service to nurses of greater experience.”

This little work of less than 100 pages, and of a size to go into any small pocket, carries out fully Dr. Drummond's idea. We agree with him as to the character of the usual books on nursing written by medical men, while this one, though elementary, is highly practical and clear. It ought to be in the hands of every nurse, whether probationer, or of “ greater experience,” and we commend it highly.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

THE Second meeting of the Session 1905–1906 was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, November 2nd, at 8 o'clock. Dr. A. E. Hawkes, President, in the chair.

Frederick William Hayes, M.B., Ch.B., late of the London Homœopathic Hospital, was elected a member of the Society.

Specimens : The following specimens were exhibited :—

(1) Double ovarian malignant tumours. Recovery (Dr. E. A. Neatby).

(2) Enlarged ovary showing lutein hæmatoma. Recovery.

(3) Microscopic section of the same (Dr. Vincent Green and Dr. E. A. Neatby).

(4) Uterine fibroid removed by hysterectomy. Recovery (Dr. E. A. Neatby).

(5) Sigmoid flexure removed for obstructive malignant disease.

(6) Calculi and prostate removed after supra-pubic cystotomy (Mr. Knox Shaw).

(7) Uric acid calculus, passed *per vias naturales*, after the usual symptoms, colic and hæmaturia. Complete recovery. (Dr. Roberson Day).

SECTION OF SURGERY AND GYNÆCOLOGY.

A paper was read by Mr. Knox Shaw entitled, "Onosmodium in Muscular Asthenopia," in which he detailed the proved eye symptoms of this drug, and pointed out its homœopathicity to muscular asthenopia. Associated with the head and eye symptoms there occurred in the provings numbness and weakness of the legs, weariness in the limbs, and general weariness. The drug is a sexual depressant. The cases in which Mr. Shaw had found the drug useful were those where dull, aching, occipito-frontal or left-sided headache is complained of, with heavy, weary eyes and lids, out of proportion to the amount of error in refraction which may be discovered. Subject to correction of refraction, Onosmodium is very useful in cases of muscular asthenopia, and may be compared with Actea, Ruta, Kalmia, Gelsemium, and Nat. Mur.

Dr. Speirs Alexander, Dr. Byres Moir, Dr. Stonham, Dr. Lambert, and Dr. Vincent Green joined in a discussion on the paper, and Mr. Knox Shaw replied.

A second paper followed, by Mr. W. Clowes Pritchard, of Hastings, entitled, "Two cases of Cerebral Traumatism." The first case was that of a boy who had been accidentally shot, the bullet entering the skull through the face, and eventually finding its way to the occipital lobe of the cerebrum, in which situation it was discovered by means of radiography, and successfully removed by Mr. Pritchard, the patient making a good recovery. The second case was a lad of eighteen, who fell while playing football, and was kicked in the left frontal region. The wound was not serious. Fifteen weeks afterwards he developed cerebral symptoms, consisting of vomiting, optic neuritis, transitory attacks of aphasia, twitchings, and some loss of power on the left side of the face and arms and legs. Consultations were held on the question of trephining, but the symptoms were not sufficiently definite to localize the lesion. The boy grew worse after a few weeks, becoming comatose, and eventually died. No post-mortem was allowed. In a discussion which followed the presentation of these cases, two chief opinions were offered as to the nature of the lesion, namely, abscess directly attributable to the injury, or new

growth existing before the fall, trauma having little to do with the case.

Dr. Goldsbrough, Mr. Dudley Wright, Dr. Speirs Alexander, and Dr. Vincent Green discussed the cases.

Dr. Granville Hey then read a paper, entitled, "A Glimpse at Homœopathy in Vienna." Dr. Hey described his introduction to and reception by a few of the homœopaths, and at the hospitals, in the early part of his stay in Vienna (in May, June, and July last), as travelling scholar of the British Homœopathic Association, in the subjects of gynæcology, obstetrics, and children's diseases. Before referring to homœopathy as it now exists in Vienna, he read a translation of a short address delivered by Dr. Fleischmann at the first meeting of the Central Society of Vienna, on Aug. 10th, 1855. In this address Fleischmann gives a brief review of the introduction of homœopathy into Vienna by the founding of a hospital in 1832, in which homœopathy was practised at first surreptitiously, because of the law which prohibited the practice of homœopathy in Vienna, but afterwards more openly; how at the end of the cholera epidemic in 1836 he was enabled, as the outcome of the excellent results obtained by the homœopathic treatment of cholera as compared with the allopathic, to get the interdict against homœopathy abolished, and legal recognition of homœopaths in Austria established; and how, as the result of this freedom, many young doctors flocked to the standard of homœopathy. It thus became a great power in Vienna, resulting in the opening of an out-patient department, in which over 60,000 patients were treated between 1836 and 1855.

Following on from where Fleischmann's paper left off, Dr. Hey referred to the fact that during the fifties and sixties the whole city of Vienna was practically in the hands of the homœopaths, but since Fleischmann's decease in 1867, homœopathy had not advanced one step, excepting the addition of a children's hospital of fifty beds to the already existing hospital for adults founded in 1832. Further, Dr. Hey found that homœopathy in Vienna is represented at the present time, firstly by a hospital of fifty beds for adults, and a hospital of fifty beds for children, together with the hospital of forty beds for the sick Sisters of Mercy; secondly, by about thirty medical practitioners, of whom less than half a dozen take any practical interest in the hospital's work. They have a Homœopathic Society, but, as far as he could learn, no official journal. There is an out-patient department at the hospital for children only. All the beds are for medical patients. There are no specialists among

the homœopaths there, so that the eye and ear, nose and throat beds in an adjoining wing of the hospital are under allopathic professors. All the homœopathic tinctures are prepared in the hospital pharmacy by the sisters.

A few photographs of the present hospitals were handed round.

Dr. McNish and Dr. Burford made some remarks on the subject of the paper, which were replied to by Dr. Hey.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

SALE OF WORK.

WE understand that the Countess Cawdor, the President of the Ladies' Guild of the London Homœopathic Hospital, has arranged a Sale of Work to be held at the Hospital, Great Ormond Street, W.C., on Friday, December 1st, when the Fancy Articles and Pictures left over from the Garden Fete held at Mrs. R. W. Perks', Kensington Palace Gardens, will be sold for the benefit of the Hospital.

STAFF DINNER OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual Dinner of the Past and Present Members of the Medical and Surgical Staff of the London Homœopathic Hospital, took place on the 16th of November, at the Hotel Florence, Rupert Street, at 7.30 o'clock. There was a large attendance of the members of the staff with their guests, and the evening was a very enjoyable and successful one.

LONDON HOMŒOPATHIC HOSPITAL.

ON Thursday, October 26th, Mr. James E. Liddiard, F.R.G.S., once more gave another of his very entertaining lectures, entitled, "The Japanese as I know Them," at the Hampstead Conservatoire. The lecture was kindly arranged by Mrs. Kimber and the ladies of the Hampstead Branch of the Ladies' Guild, and was illustrated by a large number of beautiful slides painted by native artists. In the unavoidable absence of Sir Henry Tyler, who was to have taken the chair, Dr. Roberson Day introduced the Lecturer, and in proposing a vote of thanks in a few well-chosen words laid the claims of the Hospital before the audience. The amount realized

after payment of expenses was £31, which goes to help the Special Appeal Fund for £12,000, of which some £350 is still required to complete the amount. Since the above was in type, we learn, with much gratification, that the whole sum of £12,000 has been obtained. On this we warmly congratulate the Board of Management of the Hospital.

The following Thursday, November 2nd, Mr. James E. Liddiard repeated his lecture on behalf of the Hospital at the Drill Hall, Yateley, Hants, at which Mr. J. P. Stilwell, J.P., took the chair, and after payment of expenses nearly £10 was handed over to the Hospital.

Mr. Henry P. Fairlie, M.B., Ch.B. (Edin.), has been appointed House Surgeon in succession to Dr. Eadie; and Mr. Charles E. Ham, M.B. (London), House Physician in succession to Dr. Hayes.

Dr. A. Speirs Alexander has been appointed Assistant Ophthalmic Surgeon to the Hospital in succession to Dr. Ross.

FOLKESTONE HOMŒOPATHIC DISPENSARY.

ON October 25th and 26th a very successful sale of work was held in the Town Hall in aid of the Folkestone Homœopathic Dispensary. The other week some particulars were given in these pages as to the work done by the Dispensary and its honorary officers amongst the very poor in the town. The sale of work was opened on Wednesday, the 25th, by Lady Sale-Hill, who parenthetically referred to the fact that there were three sales of work on that day; but her greatest sympathy was with that one, inasmuch as she knew the splendid work that was being done by the Homœopathic Dispensary. The subscriptions to the Dispensary were quite inadequate to meet the expenses, and indeed, were it not that the medical officer, the secretary, and the treasurer gave their services quite gratuitously, it would be quite impossible to carry it on. There was a good old saying that the water was never missed till the well ran dry. Sometimes at all events this was true, for they did not always appreciate and prize many blessings until they found them gone. At Folkestone they ought to appreciate and prize the advantages they had in possessing a homœopathic dispensary and a good medical officer like Dr. Murray. She hoped the sale would be a great success, and a substantial amount realized. The Rev. J. C. Carlile proposed a hearty vote of thanks to Lady Sale-Hill for her very admirable speech, and for the delightful way she declared the sale open. This was seconded by

Mr. R. G. Wood and carried unanimously, General Sir R. Sale-Hill acknowledging on behalf of her ladyship.

The second day's sale was opened by the Mayoress, who expressed the pleasure it afforded her to be able to be present that afternoon. She had, she said, happy recollections of opening a sale of work on a former occasion on behalf of the Homœopathic Dispensary. This special effort she hoped would be a great success. On the motion of Mr. C. Payer, seconded by Mr. S. Vant, a hearty vote of thanks was accorded the Mayoress.

The proceeds were well over £100.—*Folkestone Programme and Weekly Review*, Oct. 30th.

We congratulate Dr. Murray and the Committee of Management on this excellent result, which is very encouraging.

PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL, BROMLEY, KENT.

THE ANNUAL CONCERT.

EVERYONE rejoices to see the philanthropic efforts of Councillor Lindsay Bell on behalf of the Phillips Memorial Hospital—guided as they are by sound business-like methods—come to a successful conclusion year after year. He himself must have rejoiced on the evening of Wednesday, November 15th, when he viewed the great audience which filled the Lyric Theatre, on the occasion of the fourteenth concert organized by him on behalf of the institution which, with others, carries on the Christ-like work of alleviating the lot of suffering humanity. Such an audience meant, of course, that once more the hospital funds would benefit to a very pleasant extent. What Mr. Lindsay Bell had to offer the patrons of the concert had been known for some time, and the attractions held out were, as always, sufficient. The promises of artists like Madame Mary Conly, Madame Ada Crossley, Mr. Plunket Greene, the Meister Glee Singers, and Miss Maud MacCarthy—to say nothing of others—to contribute to the programme was enough, apart from the knowledge of the good the proceeds from the sale of seats would do. . . . Madame Conly, Madame Ada Crossley, and Miss Maud MacCarthy were each the recipient of a handsome bouquet, Madame Ada Crossley also being presented with a lovely basket of chrysanthemums by Mr. Crutch. Mr. J. D. Charles presented the bouquet. That to Madame Conly was presented by Miss Mary Truscott, and the bouquet to Miss MacCarthy was presented by Dr. Madden.—*Bromley District Times*, Nov. 17th.

We understand that the Concert was, as usual, a complete success, not only in the large audience (every ticket having been sold), in the delightful music presented to the audience, in the kind services of the artists and artistes, but last, and not least, in the money obtained by the Concert for the benefit of the Hospital. We have not heard the exact sum realized, but we understand that after paying expenses, close on £100 will be at the disposal of the Hospital authorities, whom we congratulate.

LONDON HOMŒOPATHIC HOSPITAL.

THE following notice has been sent to us from the Hospital for insertion in the *Monthly Homœopathic Review* :—

“Miss Victoria Daunt, Night Sister and Acting Matron of the National Hospital for the Paralysed and Epileptic, was appointed, at a Meeting of the Board of Management, Lady-Superintendent of Nursing of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, in place of Miss M. Brew, retired on a pension after over thirty years’ service. Miss Daunt was one of a very large number of applicants, and was trained at the Great Northern Central Hospital, and was successively Theatre Sister, Sister of Women’s Surgical and Gynæcological Ward, and Sister of Men’s Surgical Ward ; she then went to the National Hospital for the Paralysed and Epileptic as Night Sister, eventually holding the position of Housekeeper Sister and acting as Matron during the Matron’s absence.”

We wish Miss Daunt all success in her new and important appointment.

We much regret that our farewell notice of MISS BREW has, for want of space, to be deferred till our January issue.—EDS. M.H.R.

LEICESTER HOMŒOPATHIC HOSPITAL.

SALE OF WORK.

MRS. Llewellyn Salusbury and her daughters had a Sale of Work for the benefit of the Hospital, at her house, Llanwern Lodge, on the 25th and 26th of October. We are delighted to learn that they will be able to hand over to the Homœopathic Hospital at Leicester well over £100.

We warmly congratulate Mrs. Salusbury on her great success, and we feel sure that the Committee of Management will receive the handsome sum gratefully. The funds of the institution were much needing such really valuable help.

CORRESPONDENCE.

"A NEW PREPARATION OF PHOSPHORUS."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The paper of Dr. William Cash Reed, of Liverpool, published in your current issue, raises, in addition to the question of polypharmacy—so much discussed of late in French and American homœopathic journals—another question of practical importance.

Obviously polypharmacy, apart from homœopathy, is nothing new, but its adoption by homœopaths is a return to the old allopathic principles strongly condemned (rightly or wrongly) by the pioneers of homœopathy.

The use of solvents known to have pathogenetic powers, and mixtures of these solvents, as vehicles when others can be found which have not been shown to possess these powers, suggests an extension of the question to another field of research.

When, some twenty-six years ago, the well-known solubility of phosphorus in turpentine suggested to us the probability that some isomeric liquid might be found a suitable solvent devoid of the pathogenetic qualities possessed by turpentine, we were led to select for experiment freshly imported oil of lemons, and by the aid of this oil (not "lemon juice"), combined with alcohol in definite proportions, we succeeded in preparing a strong, stable solution, which Dr. Kidd did us the honour to prescribe largely, and which has since come into general use under the name "liquor phosphori (Gould)," or in domestic works "Gould's Solution of Phosphorus."

Other solvents, not therapeutic agents themselves, such as glycerin, chloroform, etc., yielded unstable solutions, the phosphorus, in some, changing after a time to the insoluble red variety and precipitating from solution, thus leaving the strength uncertain and variable.

Gould's solution prevents the phosphorus becoming luminous, and gives it a pleasant flavour when taken in cream or milk.

The extent to which phosphorus is soluble in ether under ordinary conditions has been variously stated. Dr. Cash Reed puts it as 1 per cent.

Our own experiments support the statement of the *British Homœopathic Pharmacopœia* (third edition), which Martindale confirms, but in the latest edition of the *British Pharmacopœia* it is given as soluble in "80 parts of ether." Whether the "parts" are minims, grain measures, or grains weight, is not stated, but presumably 1 grm. in 80 cc. (equivalent to 1 grain in 88 minims), is intended.

Yours faithfully, E. GOULD & SON, LTD.,

(JOHN M. WYBORN, F.C.S., *Managing Director.*)

59, Moorgate St., London, 10th October, 1905.

PHOSPHORUS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—As chemists we are very much interested in the preparation of Phosphorus introduced by Dr. Cash Reed ; but we should like to point out an error in his paper contributed to your journal. The phosphorus mentioned as used by Dr. Kidd, is not made with lemon juice, but with oil of lemon and spirits of wine, and we believe was introduced by Messrs. Gould and Sons. We beg to state that Mr. Ashwell has written on this subject repeatedly, and pointed out that Phosphorus combines chemically with oils of turpentine, peppermint, lemon, etc., forming non-luminous and comparatively non-poisonous liquids, so that these and other essential oils are incompatible with phosphorus. Any of these preparations when used do not contain phosphorus, but a new preparation altogether.

We are dear Sir,

Your obedient Servants,

6, South Molton St., W.,
Oct. 16th.

KEENE & ASHWELL.

LACHESIS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—The following case may interest and be of use, as all provings should be, to my fellow subscribers to your most valuable journal :—

A man, married, age 43, had been a martyr for many years to a nervous affection of the throat which caused him to be at times quite unable to swallow even liquids, and eating solids was always a cause of mental anxiety to him. On dozing off to sleep when travelling by rail, or on falling asleep at night, he would awaken with a most violent start, sometimes jumping out of bed, with a most awful feeling of choking, and this would repeatedly occur up to midnight, never after. He tried everything, and got the best advice he could, had his throat examined, etc., etc., but got no relief. I recommended, as a friend, and prepared for him "Lachesis." From the *first* dose he has never had the slightest repetition of the former symptoms, and feels as if his nervous system had been "cleared up" altogether. It appeared to me worthy of further notice, hence my troubling you.

Yours truly,

17, Chiswick High Road, W.

J. THOMAS DREW.

October 28th.

NOTICES TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to Dr. DYCE BROWN, 29, Seymour Street, London, W. Telephone, 138 Mayfair.

Dr. POPE's Address is Holmleigh, Approach Road, Margate.

Contributors of papers who wish to have reprints are requested to communicate with Messrs. E. GOULD & SON, Ltd., 59, Moorgate Street, London, E.C., who will arrange with the printers. Should Messrs. GOULD & SON receive no such request by the date of the publication of the *Review*, the type will be taken down.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL (In-patients, 9.30; Out-patients, 2.0, daily); SURGICAL, Out-patients, Mondays 2 P.M. and Saturdays, 9 A.M.; Thursdays and Fridays, 10 A.M.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays, 2.0; Saturdays, 9 A.M.; Diseases of Children, Mondays and Thursdays, 9 A.M.; Diseases of the Nervous System, Thursdays, 2.0; Operations, Tuesdays and Fridays, 2.30; Electrical Cases, Wednesdays, 9 A.M.

Communications have been received from Mr. DUDLEY WRIGHT, Dr. E. A. NEATBY, Dr. MILLER NEATBY, Dr. ROBERSON DAY, Dr. GRANVILLE HEY, Dr. SPENCER COX, Dr. GOLDSBROUGH (London); Dr. RAMSBOTHAM (Harrogate); Dr. MADDEN (Bromley); Dr. MUNSTER (Croydon); Dr. J. W. HAYWARD (Birkenhead); Mr. WILKINSON (Windsor); Dr. WALTER WESSELHOEFT (Cambridge, U.S.A.); Mr. J. THOMAS DREW (Chiswick); Mr. ATTWOOD (London).

BOOKS RECEIVED.

Golden Rules of Sick Nursing, Dr. Drummond. *Deviations of the Nasal Septum &c.*, Dr. Speirs Alexander. *Homœopathic World*, November. *Vaccination Inquirer*, November. *Journal of the British Homœopathic Society*, October. *Bromley District Times*, November 17. *Folkestone Programme and Weekly Review*, October 30. *University Homœopathic Observer*, October. *New England Medical Gazette*, October and November. *The Clinique*, October. *Launceston Examiner*, Sept. 30. *The Doctor*, October. *Homœopathic Recorder*, October. *Medical Brief*, November. *Medical Times*, (New York), November. *Pacific Coast Journal of Homœopathy*, October. *Medical Century*, November. *Homœopathic Envoy*, November. *North American Journal of Homœopathy*, November. *Homöopathische Monatsblätter*, November. *Allgemeine Homöopathische Zeitung*, Oct. 26 and Nov. 9. *Homœopathic Maandblad*, November. *Revue Homœopathique Française*, October. *La Clinique*, November. *L'Art Medical*, October. *Annaes de Medicina Homœopathica*, September.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, Limited, 59, Moorgate Street, E.C.

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A. C. POPE, M.D., & D. DYCE BROWN, M.A., M.D.

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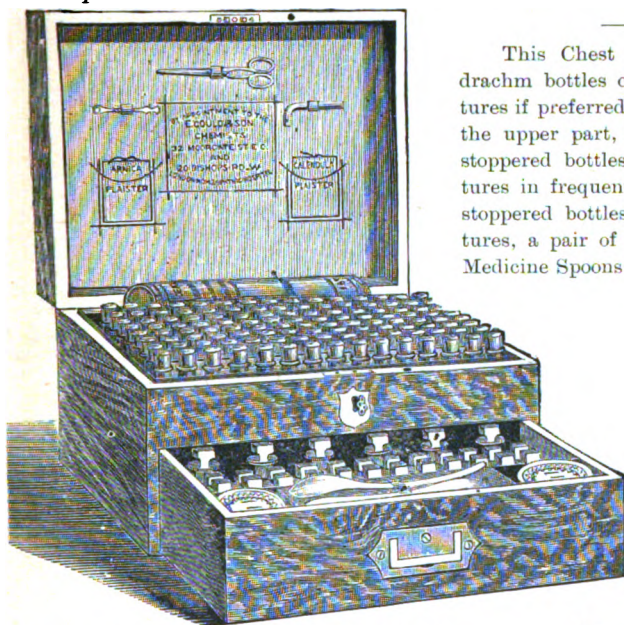
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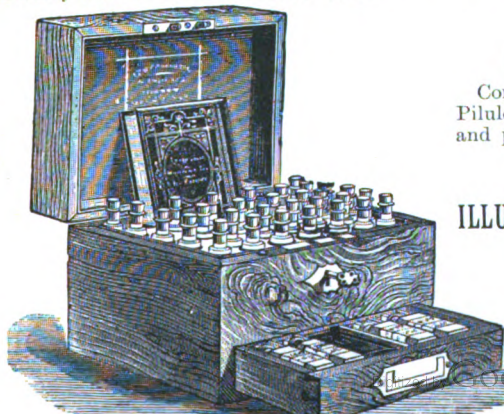
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